

44187
2 Miss Knowles Chest
3 Library Home

16 MAY 57
17

CITY OF WORCESTER

MINISTRY OF HEALTH
LIBRARY

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR

1955

BY

A. J. B. GRIFFIN, M.B., Ch.B. D.P.H.
Medical Officer of Health



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30291963>

CITY OF WORCESTER

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR

1955

BY

A. J. B. GRIFFIN, M.B., Ch.B. D.P.H.
Med. cal Officer of Health

INDEX

	Page
Ambulance Service	41-42
Ante-Natal Clinics	20-21
Bakery Hygiene	79
Bacteriological examinations	81
Baths and Swimming Pools	71
Blind Persons	54
Births	14-15
Cancer	17
Caravan Sites	70
Catering	78
Civil Defence	66
Clinics—Ante-Natal	20-21
Child Welfare	21-22
Committees	5-7
Common Lodging-Houses	70
Communicable diseases	17, 55
Contraceptive advice	30
Convalescence, recuperative	50
Day Nurseries	30
Deaths, table of	16
Dental Treatment	33-34
Diphtheria	55-56
Diphtheria Immunisation	40-41
Domiciliary Midwifery Service	26-28
Drainage and Sewerage	69
Dysentery	64
Epileptics	53-54
Factories	70
Fertilisers and Feeding Stuffs	86
Food and Drugs, sampling	82
Food Hygiene	77
Food, inspection and supervision	75, 85
Food Poisoning	57-64
Food Premises	80
Gas and Air Analgesia	28
Hairdressers, Registration of	66
Health Committee	5
Health Education	51

	Page
Health Sub-Committees	6-7
Health Visiting Service	24-25
Heart Disease	17
Home Help Service	38-39
Home Nursing	35-37
Housing	87-92
Housing Statistics	90-92
Ice Cream	80
Infant Mortality	18-19
Infectious Diseases	55
Illness, other forms	50
Immunisation	40-41
Inspections, sanitary	72-73
Local Health Services	20-54
Maternity and Child Welfare	20-30
Measles	55
Meat Condemned	85
Meat Products	77
Medical Aid	28
Medical Examinations, Staff	66
Mental Health Services	51-53
Midwifery, Domiciliary	26-28
Milk	75
Milk (Special Designation) Regulations	76
National Assistance Act, 1948	65
National Health Service Acts, 1946-1952	20-54
Neo-Natal, Deaths	19
Notices served	74
Offensive Trades	71
Ophthalmia Neonatorum	56
Outworkers	71
Overcrowding	88
Pet Animals Act	66
Pharmacy and Poisons Act, 1933	66
Plans, examination of	65
Pneumonia	54
Poliomyelitis	56
Population	14

	Page
Premature Infants, care of	28-29
Prevention of Illness, Care and After-Care	43-50
Problem Families	31-32
Public Health (Meat) Regulations, 1924	85
Public Houses	79
Puerperal Pyrexia	55
Refuse Collection and Disposal	69
Rehousing	88
Rodent Control	75
Sanitary circumstances of the area	67-92
Scarlet Fever	55
Section I	14-19
„ II	20-54
„ III	55-64
„ IV	65-66
„ V	67
Sewerage	69
Sitting Case Car Service	42
Slaughter of Animals Act, 1933	85
Slaughterhouses	83-85
Slum Clearance	87-89
Smoke Abatement	71
Spastics	54
Staff	8-10
Statistics—General	14
Vital	14
Swimming Pools and Baths	71
Tuberculosis	43-47
Tuberculosis After-Care Committee	47-50
Typhoid Fever	64
Unsound Food	85
Vaccination and Immunisation	40-41
Venereal Diseases	57
Violence, Deaths	18
Vital Statistics	14
Water Supply	67-68
Welfare Foods	23
Whooping Cough	55

THE HEALTH COMMITTEE, 1955

CITY COUNCIL MEMBERS

<i>Chairman</i> - - -	ALDERMAN SPALDING
<i>Vice-Chairman</i> - -	COUNCILLOR MISS DORRELL
<i>The Mayor</i> - -	ALDERMAN C. H. BUILT
	ALDERMAN BENNETT
	ALDERMAN BULLOCK (Deceased June, 1955)
	ALDERMAN DANIEL
	ALDERMAN MOORE EDE (Retired)
	ALDERMAN MRS. RATCLIFFE
	COUNCILLOR BROTHERTON
	COUNCILLOR EVANS
	COUNCILLOR EXALL
	COUNCILLOR GRIFFITHS
	COUNCILLOR MRS. LETTICE
	COUNCILLOR MUNSLOW
	COUNCILLOR PHILLIPS-BROADHURST
	COUNCILLOR WATTS
	COUNCILLOR WEAVER

NON-COUNCIL MEMBERS (Nominated by Local Executive Council)

<i>Representing the Medical Profession</i>	DR. D. M. BRIERLEY DR. A. B. MILLIGAN DR. MARGARET NORTON
<i>Representing the Dental Profession</i>	MAJOR H. M. GRIFFITHS
<i>Representing the Ophthalmic Profession</i>	MR. I. LLOYD JOHNSTONE
<i>Representing the Pharmaceutical Profession</i>	MR. G. A. TURNER

HEALTH SUB-COMMITTEES

Accounts

ALDERMAN BUILT

COUNCILLOR BROTHERTON

ALDERMAN MRS. RATCLIFFE

COUNCILLOR WATTS

ALDERMAN SPALDING

Baths

ALDERMAN BIRD

COUNCILLOR EVANS

ALDERMAN BULLOCK

COUNCILLOR GRIFFITHS

ALDERMAN SPALDING

COUNCILLOR WATTS

COUNCILLOR BROTHERTON

COUNCILLOR WEAVER

COUNCILLOR MISS DORRELL

MR. B. WHENMAN

Family Care

ALDERMAN BUILT

COUNCILLOR MISS DORRELL

ALDERMAN BENNETT

COUNCILLOR MRS. LETTICE

ALDERMAN MOORE EDE

COUNCILLOR WEAVER

ALDERMAN MRS. RATCLIFFE

DR. A. B. MILLIGAN

ALDERMAN SPALDING

DR. MARGARET NORTON

Health Centres

ALDERMAN BULLOCK

DR. J. M. DUNCAN

ALDERMAN MOORE EDE

DR. C. T. MILLS

ALDERMAN DANIEL

DR. A. B. MILLIGAN

ALDERMAN MRS. RATCLIFFE

MR. R. M. HALL

ALDERMAN SPALDING

MR. E. R. HARRIS

COUNCILLOR EXALL

MR. I. LLOYD-JOHNSTONE

Mental Health Services

ALDERMAN MOORE EDE

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR BROTHERTON

COUNCILLOR EVANS

MR. T. H. GRIFFITHS

MISS J. TREE

MR. G. A. TURNER

Midwifery etc.

ALDERMAN BENNETT

ALDERMAN BUILT

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

ALDERMAN MOORE EDE

COUNCILLOR MISS DORRELL

COUNCILLOR MRS. LETTICE

COUNCILLOR WEAVER

DR. A. B. MILLIGAN

DR. MARGARET NORTON

Property Inspection

ALDERMAN BENNETT

ALDERMAN BIRD

ALDERMAN BULLOCK

ALDERMAN DANIEL

ALDERMAN MRS. RATCLIFFE

ALDERMAN SPALDING

COUNCILLOR MISS DORRELL

COUNCILLOR MUNSLOW

COUNCILLOR WATTS

COUNCILLOR WEAVER

Staffing

ALDERMAN BULLOCK

ALDERMAN BUILT

ALDERMAN BENNETT

ALDERMAN MRS. RATCLIFFE

ALDERMAN MOORE EDE

ALDERMAN SPALDING

COUNCILLOR PHILLIPS-

BROADHURST

COUNCILLOR WEAVER

PUBLIC HEALTH DEPARTMENT STAFF, 1955

MEDICAL OFFICER OF HEALTH AND PRINCIPAL SCHOOL MEDICAL OFFICER	A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.
ASSISTANT MEDICAL OFFICERS	E. G. Henderson, M.B., B.Ch., B.A.O., D.P.H. (a) M. K. E. Allington, B.A., M.B., B.Ch., D.C.H. (a)
CHEST PHYSICIAN (part-time)	Dr. E. N. Moyes, M.R.C.P. (Chest Physician, Regional Hospital Board)
CHIEF DENTAL OFFICER	Betty Savage (née Jacques), B.D.S., L.D.S. (a)
DENTAL OFFICER	E. R. Dowland, L.D.S., R.C.S. (England) (a)
DENTAL ATTENDANTS	Miss M. A. Hunt (a) Miss L. J. Phipps (a)
PUBLIC ANALYST	Mr. M. M. Love, F.R.I.C. (County Analyst—Services utilised by arrangement with Worcestershire County Council)
CHIEF SANITARY INSPECTOR	Mr. T. W. Marsden (b) (c) (i) (j)
DEPUTY CHIEF SANITARY INSPECTOR	Mr. R. V. Redston (b) (c) (i) (j) (m)
DISTRICT SANITARY INSPECTORS	Mr. J. H. Benjamin (b) (c) Mr. H. Jackson (b) Mr. R. J. Morse (b) (c) (i)
TUBERCULOSIS HEALTH VISITOR	Mrs. M. W. Cotterill (d) (e) (Retired 8th June, 1955) Miss D. H. Edgar (e) (n) (Commenced duty 8th June, 1955)
SUPERINTENDENT HEALTH VISITOR AND SCHOOL NURSE	Miss D. M. Catlin (a) (d) (e) (f)

HEALTH VISITORS AND SCHOOL NURSES

Miss S. Eastman (a) (d) (e) (f)
(resigned 31st May, 1955)

Miss N. A. Hardiman (a) (d)
(e) (f)

Miss P. O. Viles (a) (d) (e) (f)
(g)

Miss O. R. Jones (a) (d) (e)
(f) (g)

Miss R. Sutcliffe (a) (d) (e) (f)

Mrs. H. L. Bedford (a) (d) (e)
(f) (commenced duty 1st
September, 1955)

Miss B. A. Flint (a) (d) (e) (f)
(g) commenced duty 1st
November, 1955)

Miss M. A. Mander (a) (d)
(e) (f) (o) (commenced duty
1st September, 1955)

SUPERINTENDENT, NURSING INSTITUTE AND NON-MEDICAL SUPERVISOR OF MIDWIVES

Miss E. M. Bazley (d) (e) (f)
(g)

ASSISTANT SUPERINTENDENT, NURSING INSTITUTE

Miss H. M. Downes (d) (e) (g)

CLERK AT NURSING INSTITUTE

Miss M. M. Parsons

DOMICILIARY MIDWIVES

Miss M. L. Thompson (d) (e)
(died 29th April, 1955)

Miss E. M. Cooper (d) (e)
(resigned 15th May, 1955)

Mrs. F. Langley (d) (e)

MIDWIFE, NURSING INSTITUTE

Miss M. Martin (d) (e)

CHIEF CLERK

Mr. P. M. Christian

ASSISTANT CLERKS

Mr. J. A. Everett

Miss E. C. Griffin

Mr. J. Tolley

(resigned 30th September,
1955)

Miss P. M. Fairbairn

Miss J. Draper

Miss S. J. Wintle

(resigned 5th November,
1955)

	Miss B. A. Lacroix
	Mrs. V. Hill (née Cragan) (resigned 30th April, 1955)
	Miss J. S. Lewis (commenced duty 25th April, 1955; resigned 30th June, 1955)
	Mrs. V. A. Cole (née Nicholls)
	Miss E. I. P. Prosser (a)
	Mr. J. V. Bluett (commenced duty 10th October, 1955)
	Miss Myra Hawkins (com- menced duty 22nd June, 1955)
	Miss Jacqueline Alford (com- menced duty 7th November, 1955)
DULY AUTHORISED OFFICERS	Mr. A. E. Turner (retired 3rd May, 1955)
	Mr. W. H. Horne (e) (p) (commenced duty 4th April, 1955)
	Mr. J. A. Everett (k)
DISINFECTOR, VAN DRIVER, ETC.	Mr. C. A. Webb
RODENT OFFICER	Mr. P. Rowberry
DAY NURSERIES—Matrons	- Miss C. Pain (h) Miss M. E. Partridge (h)

-
- (a) Joint appointment—Maternity and Child Welfare and School Health Service.
- (b) Inspector's Certificate of the Royal Sanitary Institute.
- (c) Certificate of the Royal Sanitary Institute for the inspection of Meat and Other Foods.
- (d) Certificate of Midwives Board.
- (e) State Registered Nurse.
- (f) Health Visitor's Certificate.
- (g) Queen's Nurse.
- (h) Norland Trained Nursery Nurse.
- (i) Smoke Inspector's Certificate.
- (j) Sanitary Science as applied to Buildings and Public Works.
- (k) Relief duties only.
- (m) Diploma in Public Administration.
- (n) Certificate of Tuberculosis Association.
- (o) Parentcraft Teaching Certificate.
- (p) State Registered Mental Nurse.

ANNUAL REPORT

ON THE

HEALTH OF THE CITY

FOR THE YEAR 1955

BY

A. J. B. GRIFFIN, M.B., Ch.B., D.P.H.
Medical Officer of Health

*To the Right Worshipful the Mayor, Aldermen and Councillors
of the City of Worcester.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present my report on the Health of the City for the year 1955.

This report, like its predecessors, contains vital statistics derived from the information normally arriving at Health Departments; it cannot attempt to record the "throughput" of the City's Hospitals or the statistics of the domiciliary practitioners' surgeries.

While it records statistics of mortality it scarcely raises the curtain on the morbidity encountered at surgeries and hospital clinics.

That this ill-health is nationally extensive can be gleaned from figures of sickness benefit paid out on sickness certificates issued. Production time lost through sickness is astronomic and is many times greater than the loss caused by strikes—unofficial as well as official.

The dictum of Sir George Newman that "health does not lie in a bottle of medicine but in a way of life" was never truer than to-day when a greater emphasis on positive health is needed and a greater expenditure on preventive medicine. Public health propaganda with the necessary staff to spread it, should be a main concern of Health Departments. Out of a departmental budget of nearly £100,000 we spend upon propaganda not more than 0·1%!

The vital statistics discussed elsewhere show practically no change from 1954 and are on the whole reasonably satisfactory—after all we all have to die in the end and it is how well we live that matters.

No major epidemics visited the City—and in any event preventive medicine has reduced to insignificance the mortality from most epidemics—except the epidemic of road deaths.

Arrears of housing are rapidly being overtaken and progress in slum clearance continues. Legal overcrowding is relatively rare, which is not surprising with the number of persons per dwelling down to 3·271.

The year saw the acceptance of the Health Committee's five-year plan for slum clearance which envisages the representation of some 1,500 unfit dwellings. If this scheme is completed within the time it will then be difficult to find a single unfit house in the City.

Despite the Welfare State mental ill-health and the problem families are public health problems that locally as nationally show little signs of solution. The treatment of mental disorder—though often empiric—shows great success, but its incidence remains unaltered and its prevention relatively unexplored.

As nurture as well as nature has a hand in shaping the individual let us hope our present educational system in its drive towards better citizenship may have some impact upon the problem of mental illness. It may be of little use training thousands of technologists if we fail to train them how to live.

With mental deficiency we deal with a field that is potentially less productive for in the sphere of intelligence we cannot replace what does not exist. Unfortunately this lack of productivity does not always extend to the individual, with consequences that must increasingly deserve the serious consideration of society.

Locally we have had increasing difficulty in securing the admission of defectives to institutions—a difficulty greater than we experienced prior to the National Health Service Act.

Staff changes have been many, including those welcome promotion changes which indicate that Worcester experience is valued elsewhere. I have become so accustomed to the co-operation and support of the 143 members of the department that any rare omission comes as an unexpected and painful experience. Our public relations continue, I feel, on a satisfactory plane and the departmental service to the public is unimpaired even by those five-day weekers who prosecute their enquiries at five to twelve on a Saturday morning.

The work of any Health Department could not proceed with any degree of smoothness without the co-operation of other chief officials and this we have received in full measure during the year.

The consideration and support of the Health Committee and the Council have helped me to pursue what is to-day more than a full-time job; so much so that on occasions I have repeated to any temporarily disgruntled junior local government officer the Bruce Bairnsfather advice "If you know of a better 'ole go to it".

I have the honour to be

Your obedient Servant,

A. J. B. GRIFFIN,

Medical Officer of Health.

SECTION I

GENERAL STATISTICS

Area (in acres)	6,114
Estimated population	63,510
Number of inhabited dwellings	19,427
Number of persons per dwelling	3.271
Rateable value of the borough	£483,044
Product of a Penny Rate	£1,927

VITAL STATISTICS

	<i>City of Worcester</i>	<i>England and Wales</i>
Deaths (all causes)	739	not available
Death Rate per 1,000 population	11.3	11.7
Births	919	not available
Birth Rate per 1,000 population	13.9	15.0
Stillbirths	26	not available
Stillbirth Rate (per 1,000 total live and still births)	27.5	23.1
Infant Deaths	24	not available
Infant Death Rate (number of deaths per 1,000 live births)	26.1	24.9
Maternal Deaths	nil	not available
Maternal Death Rate (number of deaths of mothers per 1,000 live and still births)	nil	0.64
Death Rate from all forms of Tuberculosis	0.26	0.146

COMMENT UPON STATISTICS

ESTIMATED POPULATION

The figure given by the Registrar-General was 63,510 or a fall of 70 on the preceding year despite the fact that the excess of births over deaths was 180, and that the average annual increase over the past twenty years allowing for population increase by City boundary extension has been approximately 400.

The gradual transformation of the City from a County town set in an agricultural area to a town of numerous light industries has been marked by no striking changes of public health moment. Apart from the usual hard core of unemployables the City has no unemployment problem; there is in fact competition—in which the salary handicapped local government service fares badly—for juvenile labour.

No industrial processes can be said to have any specially injurious effect upon the health of the persons employed in them. Certain factories set up in old converted premises are however not regarded with favour by the Health Department and have been brought to the notice of the Factory Inspector.

The transplantation of population from central slums to peripheral new Council houses continues under an energetic building programme. With the changing age-character of the displaced tenants more attention is being given to the rehousing of the aged centrally.

BIRTHS were fewer by 42 than the previous year although the demand for institutional maternity beds has not slackened. The birth rate at 13·9 per 1,000 population is below the figure of 15·0 for England and Wales generally.

In the coming age of automation a falling birth-rate need not necessarily cause concern. A disturbing feature, however, is the smaller number of children born to the professional and administrative classes; this is too often the result of economic pressure and could be solved by a more equitable system of taxation.

The still-birth rate was notably increased and comment upon this is made elsewhere.

The following table shows births and birth rates since 1946:

<i>Year</i>				<i>Number of births</i>	<i>Rate per 1,000 population</i>	
1946	...	...	...	1,228	...	20·4
1947	...	...	...	1,256	...	20·66
1948	...	...	...	1,118	...	18·16
1949	...	...	...	999	...	14·5
1950	...	...	...	979	...	15·6
1951	...	...	...	908	...	14·55
1952	...	...	...	989	...	15·5
1953	...	...	...	1,026	...	16·3
1954	...	...	...	961	...	14·5
1955	...	...	...	919	...	13·9

DEATHS

The 739 deaths accredited to the City gave a rate of 11·3 as compared with 11·7 for England and Wales as a whole.

Analysis of these death is given in accordance with the abridged table of the Registrar-General.

Age Groups	0+	1+	5+	15+	25+	45+	65+	75+	Total
1 Tuberculosis, respiratory ..	—	—	1	—	4	2	1	—	8
2 Tuberculosis, other ..	—	—	—	—	—	1	1	—	2
3 Syphilitic disease	—	—	—	—	—	1	1	2	4
4 Diphtheria	—	—	—	—	—	—	—	—	—
5 Whooping cough	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	—	—	—	—	—	—	—	—	—
7 Acute poliomyelitis	—	—	—	—	—	—	—	—	—
8 Measles	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases	—	—	—	—	—	—	—	1	1
10 Malignant neoplasm, stomach	—	—	—	—	2	2	3	11	18
11 Malignant neoplasm, lung, bronchus	—	—	—	—	1	11	8	1	21
12 Malignant neoplasm, breast ..	—	—	—	—	1	7	3	3	14
13 Malignant neoplasm, uterus ..	—	—	—	—	1	2	3	—	6
14 Other malignant and lymphatic neoplasms ..	—	—	—	1	5	23	28	25	82
15 Leukaemia, aleukaemia ..	—	—	1	—	—	2	—	—	3
16 Diabetes	—	—	—	—	—	1	2	3	6
17 Vascular lesions of nervous system	—	—	—	—	1	23	37	59	120
18 Coronary disease angina ..	—	—	—	—	—	24	23	35	82
19 Hypertension with heart disease	—	—	—	—	—	3	6	9	18
20 Other heart diseases	—	—	—	—	—	19	20	95	134
21 Other circulatory diseases ..	—	—	—	—	1	5	5	6	17
22 Influenza	—	—	—	—	—	—	—	1	1
23 Pneumonia	7	—	—	—	—	4	4	19	34
24 Bronchitis	—	—	—	1	—	10	11	17	39
25 Other diseases of respiratory system	—	—	—	—	1	5	1	—	7
26 Ulcer of stomach and duodenum	—	—	—	—	1	3	2	2	8
27 Gastritis, enteritis and diarrhoea	—	—	—	—	—	—	—	2	2
28 Nephritis and nephrosis ..	—	—	—	—	1	—	—	3	4
29 Hyperplasia of prostate ..	—	—	—	—	—	—	3	2	5
30 Pregnancy, child-birth abortion	—	—	—	—	—	—	—	—	—
31 Congenital malformations ..	2	2	—	—	—	—	—	—	4
32 Other defined and ill-defined diseases	15	—	1	1	2	9	12	34	74
33 Motor vehicle accidents ..	—	—	—	1	1	1	—	—	3
34 All other accidents	—	1	—	3	6	3	1	3	17
35 Suicide	—	—	—	1	2	1	1	—	5
36 Homicide and operations of war	—	—	—	—	—	—	—	—	—
Totals ..	24	3	3	8	30	162	176	333	739

COMMUNICABLE DISEASES

The following deaths occurred from communicable diseases:

Tuberculosis	10	Syphilis	4	Influenza	1
		Pneumococcal meningitis	1		

The absence of any deaths from diphtheria, measles, whooping cough, poliomyelitis, typhoid fever, meningococcal meningitis and other infections is striking witness to the impact on these diseases of preventive medicine and modern methods of treatment by sulpha drugs and antibiotics which have done so much to reduce the dangers to children of infection.

Deaths from tuberculosis reached the record low figure of 10 and 2 of these were due to tuberculosis in parts of the body other than the lungs.

HEART DISEASE

Sections 18, 19 and 20 of the death analysis table deal with heart disease and total 234—exactly the same as last year.

Too many nationally valuable and intelligent people are being cut down before their time by coronary thrombosis—the form of heart disease associated with stress and strain.

Lacking the salary differentials that their special abilities formerly assured them, many persons of the administrative and executive professional classes are beginning to ask themselves “why kill yourself in order to pay supertax?” It is nationally important that either we should reduce the pressure on such people or find a preventive or cure for coronary thrombosis.

CANCER

Cancer deaths leapt up to a record figure of 141, there being increases in cancer of the stomach and duodenum, cancer of the bronchus and lung, cancer of the colon and cancer of all other sites (41 compared with 20 for 1954). Details of the sites of the disease are given in the following table:

Cancer of uterus	...	...	...	6
Cancer of stomach and duodenum	...	...	...	18
Cancer of breast	...	...	...	14
Cancer of rectum	...	...	...	7
Cancer of bronchus and lung	...	...	...	21
Cancer of colon	...	...	...	21
Cancer of ovary	...	...	...	2
Cancer of prostate	...	...	...	7
Cancer of liver	...	...	...	4
Cancer of all other sites	...	...	...	41

141

In explanation we can fall back upon two propositions. Firstly that the increased expectation of life brings more people within the cancer age and with more terminal deaths from cancer. Secondly improved diagnosis—backed up as it is by wider use of more efficient X-ray methods—reveals more deaths due to cancer which would have been allocated elsewhere in the days when diagnosis was less accurate.

These explanations however cannot fully answer the question “why is cancer on the increase?”, and much more remains to be discovered regarding the causation of the disease and its treatment.

Despite the sombre mortality figures the outlook is bright. Every day intensive research into cancer goes on in all parts of the world and the time cannot be far off when a revealing light will be thrown upon the problem.

Twenty years ago we were in a similar position regarding tuberculosis which used to kill 30,000 a year and now kills only 6,500. A similar and perhaps even greater transformation may soon come over the cancer scene and when that day dawns our next headache may be population restriction.

DEATHS FROM VIOLENCE

25 people met death from violent ends—3 as a result of motor vehicle accidents—I never cease to wonder at our national apathy towards road deaths.

No fatal road accidents involved children but one child met death by drowning.

Five persons left this “vale of tears” by their own hand. Two made exits by means of coal gas, 1 by carbon-monoxide gas, 1 by barbiturate drug, and 1 by hanging.

The unfortunates were aged 23, 42, 43, 64 and 69 respectively.

INFANT MORTALITY

24 children died before reaching their first birthday from the causes assigned below:

Congenital malformations	...	...	2
Atelectasis	...	...	5
Pneumonia	...	...	7
Prematurity	...	...	8
All other causes	...	...	2
<hr/>			
			24
<hr/>			

The deaths were fewer by 1 than last year but the rate was slightly increased by reason of the lowered birth rate.

Whilst I have predicted that the death rate for infants between 1 month and 12 months has fallen almost to an irreducible minimum, for only 4 such children died during the year, I must record disappointment that our infant death rate was this year slightly higher than that of England and Wales as a whole. This was due to the high neo-natal death rate, i.e., deaths of children under 1 month old.

These twenty children died from the following causes:

Congenital malformations	...	...	2
Atelectasis	...	...	5
Pneumonia	...	...	4
Prematurity	...	...	8
All other causes	...	...	1
			—
			20
			—

Their ages were as follows:

Died within 24 hours	...	...	4
Died within 2—5 days	...	...	13
Died within 6—14 days	...	...	3
Died within 15—28 days	...	...	—

For 7 children—4 of them under 1 month old—to have died from pneumonia is exceptional in an age when we have specifics or near specifics against the disease.

17 children were born in hospital and died there within one month.

Children who die under 1 month of age are frequently also premature.

If we could discover the cause of prematurity and control it we should reduce these neo-natal deaths considerably. The problem is in my view particularly for those working in maternity hospitals and children's hospitals.

SECTION II

National Health Service Acts, 1946-1952

LOCAL HEALTH SERVICES

I—MATERNITY AND CHILD WELFARE

The following are provided within the framework of the Local Authority Maternity and Child Welfare Service:

Ante-Natal Clinics.

Infant Welfare Clinics.

Contraceptive Clinic.

Domiciliary Midwifery Service.

Supply of milk foods and vitamin supplements.

Supply of maternity outfits.

Dental treatment.

Transport arrangements through the Ambulance Service .

Home Help Service.

Relaxation Classes for Expectant Mothers.

Care of the Unmarried Mother.

Training of Midwives.

(a) ANTE-NATAL CLINICS

During 1955, 71 per cent. of confinements of City mothers took place in lying-in institutions, for medical reasons at the Maternity Section of the Ronkswood Hospital or for social conditions at the Maternity Unit at Shrub Hill Hospital.

On behalf of the Regional Hospital Board applications for admission to a maternity bed on the grounds of "social conditions" are investigated by the Health Department's Health Visiting Staff. "Social conditions" are those conditions existing in the home which make a home confinement impracticable or undesirable. All applications for lying-in beds do not meet these requirements and numbers have to be refused, although hospital beds are as far as possible never allowed to remain unoccupied. Demand for beds always exceeds the supply as a hospital confinement has many advantages, of which the financial advantage is not the least important.

The present trend is towards a public demand for 100 per cent. hospital bed provision and if this should come—and the matter is mainly one of finance—then domiciliary midwifery will become a thing of the past.

With only 29 per cent. of mothers confined at home and with most of these booking their own doctors the need for local authority ante-natal clinics is fast disappearing, their pioneer work in securing improved ante-natal care having been realised.

Two ante-natal clinics weekly are still maintained at the Nursing Institute in connection with the domiciliary midwifery service operating from that centre but the time is coming when they may be reduced to one weekly clinic which may ultimately be extinguished.

(b) CHILD WELFARE CLINICS

The various areas of the City are served by the following clinics:

The Nursing Institute (2 sessions).

Parish Hall, Cornmeadow, Claines.

Cherry Orchard, School Room.

Church Hall, Blakefield Road, St. John's.

Church Hall, Ronkswood.

Church Hall, Brickfields.

Church Hall, Dines Green.

The last four addresses appropriately exemplify the association of the Church with the Nativity, the fact that the Centres are occasionally insufficiently heated can be taken as a natural reluctance of the Church towards any association with Hell fire!

I hasten to add my appreciation of the interest and help in our work of the Church dignitaries, who are often the first to seek Health Department aid in the medico-social problems of their flock. In addition to serving their many-sided function of child nurture the clinics act as distribution centres for the supply of welfare foods and vitamin supplements.

The work in the Clinics is summarised in the following table:

CHILD WELFARE CENTRES

Centres provided by :	Number of centres provided at end of year	Number of child welfare sessions now held per month at centres in col. (2)	Number of children who first attended a centre of this Local Health Authority during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year			Total number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total attendances during the year
				1955	1954	1953-50		under 1 year	1 but under 2	2 but under 5	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	7	32	616	508	433	381	1,322	8,282	1,511	1,424	11,217

(c) SUPPLY OF WELFARE FOODS

The take-over from the Ministry of Food in 1954 of the supply of welfare foods was achieved with a minimum of dislocation and a reduction of operating staff. The service has continued to operate smoothly, the quantities distributed have increased and a little application of the velvet glove has secured a co-operation from the public that has actually reduced the distribution time.

The stocking centre and main distribution centre is in a portion of the Health Department premises in The Avenue which is handy for those beneficiaries who, through some mischance or their own inertia, have failed to get their welfare foods at their local branch distribution centres.

The extent of the service may be gauged by the table below. Although the amounts may seem somewhat high for the City's round figure of 1,000 babies arriving annually by Stork Incorporated it is our constant policy to promote breast feeding for all babies as far as possible.

National Dried Milk Tins		Cod Liver Oil Bottles	Vitamin A & D Tablets Packets	Orange Juice Bottles
Full Cream	Half Cream			
30,829	771	6,099	2,505	40,753

Staff employed in welfare foods distribution also carry out clerical duties and in that capacity relieve as necessary the clerical staff of other departmental sections and of the School Health Service.

(d) HEALTH VISITING

At the end of the year the Health Visiting Staff consisted of 1 Superintendent Health Visitor and 7 Health Visitors each with a case load for visiting purposes of 600.

I am sometimes asked "what does a Health Visitor do?"

As I consider an all-purpose Health Visitor should also act as a school nurse in the Local Education Authority's School Health Service I have set out below a list of her duties.

1. Home visits to expectant and nursing mothers and children under 5 years.
2. Attendance at child welfare centres and ante-natal clinics.
3. Attendance at minor ailment clinics for treatment purposes.
4. Duties in connection with immunisation.
5. Visits to problem families.
6. Inspection in schools of school children and attendance at routine medical inspections.
7. Visitation of elderly and infirm people as necessary.

The work entails a degree of liaison with others concerned with medical sociology such as domiciliary medical practitioners, child care officers, probation officers, N.S.P.C.C. Inspector, Home Teacher and Visitor for Blind, and Moral Welfare Worker.

Despite her changing field of work the Health Visitor must always be concerned with the priority of child life preservation and child health maintenance, for the child is father to the man.

During the year one pupil trainee completed her course as a Health Visitor and assumed duty with the Local Health Authority in November.

Statistics dealing with the activities of Health Visitors were submitted to the Ministry of Health in the following form:

HEALTH VISITING AND TUBERCULOSIS VISITING

HEALTH VISITORS												TUBER- CULOSIS VISITORS	
	Number of children under 5 years of age visited during year	Expectant mothers		Children under 1 year of age		Children age 1 and under 2 years		Children age 2 but under 5 years		Tuber- culosis house- holds	Other cases	Total number of families or house- holds visited by Health Visitors	Total visits paid to tuber- culous house- holds
		First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits				
										(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
L.H.A.	5,800	143	199	1,059	4,187	3,724	6,530	5	1,880	13,648	2,943		

(e) DOMICILIARY MIDWIFERY

In discussing Ante-Natal Clinics I have given some indication of the inroads of institutional confinements upon domiciliary midwifery practice and have ventured some forecast of the bleak future for the district midwife.

This will in my view be governed only by the extent to which the Regional Hospital Boards meet the growing demand for maternity beds but any overdue policy of national retrenchment might re-establish the domiciliary midwife.

Such, however, has been the reduction locally of domiciliary midwifery that as posts for district midwives have fallen vacant they have not been filled and only one domiciliary midwife supplements the midwifery service operated from the Part II Training School centred at the Nursing Institute.

The following table in the form submitted to the Ministry indicates the extent of domiciliary and institutional midwifery carried out in the City during the year.

Number of deliveries attended by Midwives in the area during the year

	Domiciliary Cases					Cases in institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked doctor or another)	Doctor not present at time of delivery of child		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority ..	1	118	92	57	268	—
(b) Midwives employed by Voluntary Organisations	—	—	—	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	1,286
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes)	—	—	—	—	—	—
Totals	1	118	92	57	268	1,286

(e) Number of cases delivered in institutions but attended by domiciliary midwives on discharge from institutions and before the fourteenth day 36

(f) BREAST FEEDING : Number of domiciliary cases in which the infant was wholly breast fed at the fourteenth day .. 234

MEDICAL AID

Fewer cases are to-day attended by midwives acting strictly in the capacity, as a midwife usually acts as a "Maternity Nurse" to the doctor engaged for the confinement.

Midwives acted independently as midwives in 119 cases, the doctor being present at the time of delivery of the child in one case only.

GAS AND AIR ANALGESIA

Seven sets of gas and air analgesia apparatus are provided for use by City midwives, at present only 5 are in use and 2 are in reserve.

As I am advised that these units, which are regularly serviced continue to give satisfaction, I have not felt justified in relegating some £200 worth of apparatus to the scrap heap in favour of the newer Trilene Inhalers.

TRANSPORT

Midwives and pupil midwives operating from the Nursing Institute have 1 car and several motorised cycles available for their use. The supervisor of midwives and 1 district midwife receive travelling allowances for the professional use of their privately owned cars.

CARE OF PREMATURE BABIES

Of the 67 live infants listed as "premature" (i.e. with a birth-weight below 5½lbs.) 13 were born at home and 54 in hospitals. The fate of these premature children is detailed statistically.

Once again the survival rate is slightly in favour of the premature child born and kept at home. It must however, be remembered that those children of particularly low birth weight are invariably admitted to hospital because of the difficulties associated with home care.

Such cases are admitted to the Premature Baby Unit at the Ronkswood Hospital.

The following table reproduces statistics sent to the Ministry of Health regarding premature babies.

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home	
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days				
3lb. 4oz. or less	9	4	1	—	—	—	—	—	—	5	—	—	
Over 3lb. 4oz. up to and including 4lb. 6oz.	16	2	11	—	—	—	—	—	—	5	—	—	
Over 4lb. 6oz. up to and including 4lb. 15oz.	7	—	6	3	—	3	2	—	2	—	—	—	
Over 4lb. 15oz. up to and including 5lb. 8oz.	22	1	20	7	—	7	1	1	—	—	—	—	
Totals ..	54	7	38	10	—	10	3	1	2	10	—	—	

(g) DAY NURSERIES

The day nurseries at Powell's Row and at Brickfields each providing 40 places for children up to 5 years of age have remained open and have had an average daily occupancy of 21·77 and 24·03 respectively. The occupancy figures would have been higher did they not include Saturday mornings when the attendances for obvious reasons are invariably poor.

The gross cost per place of maintaining day nurseries continues to rise. For the year under review it was 14s. and as the maximum recovery is 5s. per day and the minimum 2s. a debit must inevitably result. Viewed objectively from the economic angle day nurseries on balance contribute nothing to national productivity. It would even be an economy if the local authority paid the mothers, at present using the nurseries to stop at home and look after their children themselves. Day nurseries have however, values outside the balance sheet standards; they have become part of our social structure and the children using them undoubtedly gain in social adaptation.

(h) CONTRACEPTIVE CLINIC

Women referred for contraceptive advice on "medical grounds" attend, normally by appointment, at the ante-natal clinic held at the Nursing Institute.

Some come from the Chest Clinic, some are referred by domiciliary medical practitioners. As the doctor in attendance is herself a married woman, attendance at this clinic presents fewer embarrassments.

In the main advice and treatment is given on "medical grounds" only. I think consideration might now be given to the extension of this service to all married women and those on the brink of matrimony as on balance much more national good than harm would result.

(i) PROBLEM FAMILIES

The Committee concerned with problem families continues to be a Sub-Committee of the Health Committee with certain officers attending in an advisory capacity. Such officers are the Director of Welfare, Housing Superintendent, Probation Officers (Male and Female), N.S.P.C.C. Inspector, Children's Officer, Moral Welfare Worker, Area Officer of the National Assistance Board, Representative of the Women's Voluntary Services, an Education Authority Officer, with the Medical Officer of Health as co-ordinating officer.

The majority of the families dealt with are in one way or another the concern of the Local Health Authority as outlined in Ministry of Health Circular 27/54 of 30th November, 1954 but as frequently these families are also the concern of the advisory members already referred to, the pooling of knowledge of these families has many advantages.

It is our experience in dealing with these families that only too often it is the children who suffer for the sins of their parents and one cannot escape the conviction that these children would have little to lose but much to gain by separation from their progenitors who carry parental responsibility with such indifference.

Society is having to pay a heavy price for acting as "my brothers keeper" to these parents many of whom are inadequate or anti-social, near defectives or defectives saved by the intricacies of the Mental Deficiency Acts from certification and whom the State is powerless to sterilise.

After these pessimisms it is a relief to record that the number of problem families on the live register was reduced from 70 to 65.

In recording the work done in connexion with maternal and child care I acknowledge the help given by Assistant Medical Officer of Health, Dr. E. G. Henderson and the detail work done by Miss E. C. Griffin in connexion with the Family Care Sub-Committee.

HEALTH (FAMILY CARE) SUB-COMMITTEE

Statistics for twelve months ended December 31st, 1955

Date of Committee 1955	Number of Families on "Live Register"	Total number of cases reported to Committee	Number of new cases reported to Committee			Number of cases previously reported to Committee			Number of cases referred for investigation but not reported to Committee
			Not considered "Problem Family"	For further report	Total	For further report	Cases closed	Transferred to another Authority	
January ..	70	32	Nil	2	2	25	5	Nil	Nil
February ..	67	19	Nil	2	2	16	1	Nil	1
March ..	68	27	1	3	*4	22	1	Nil	Nil
April ..	70	22	Nil	1	1	21	Nil	Nil	2
May ..	71	27	Nil	Nil	Nil	23	4	Nil	Nil
June ..	67	16	Nil	Nil	Nil	16	Nil	Nil	Nil
July ..	67	28	Nil	1	1	21	4	2	1
August ..	62		Committee not called						
September ..	62	29	Nil	4	4†	20	5	Nil	1
October ..	61	20	Nil	3	3‡	15	2	Nil	1
November ..	62	23	Nil	3	3§	18	2	Nil	Nil
December ..	63		Committee not called						
Total ..		243	1	19	20	197	24	2	6

* One of these cases had been closed in December, 1954 but was again referred to the Committee.

† One of these cases was originally referred to the Sub-Committee in March, 1955 but was not then considered a "problem family."

‡ One of these cases was one of those which had been transferred to another authority in July, 1955 and returned to Worcester in September, 1955.

§ One of these cases had been closed in September, 1955 but was again referred to the Sub-Committee.

One of these cases had been closed in December, 1954 but was again referred to the Sub-Committee.

(j) DENTAL TREATMENT WITHIN THE MATERNITY AND CHILD WELFARE SERVICE

The facilities for the dental supervision and treatment of expectant and nursing mothers and of children under 5 years of age have continued to be available at the School Dental Clinic at Church House where there are two dental surgeries.

The Principal Dental Officer reports as follows :—

“ The Mother and Child Welfare figures show an increase in the attendance of children under five years of age. Unfortunately the majority of these patients have an introduction to dentistry on account of pain.

The amount of conservative treatment on deciduous teeth remains low, due to two main causes. Firstly, many parents lack interest in the conservation of teeth, especially the first dentition, and are not willing to subject their children to the treatment. Secondly, too many children arrive with primary teeth beyond repair even though their parents have been ready and willing to accept conservative treatment for these children.

“ If children were brought for regular inspections inspections between the ages of three and five years, more deciduous teeth would be saved, giving benefit to the permanent dentition by correct positioning and lessening of crowding.

“ In the mothers' section more teeth were extracted and mouths prepared for dentures. It was noticeable that many of these patients were nursing mothers attending Child Welfare Clinics. It should be impressed on the expectant mother that the aim of the free denture benefit, is to improve health during pregnancy by the removal of sepsis.”

Dental work done is summarised as follows :—

NUMBERS PROVIDED WITH DENTAL CARE

	Examined	Needing treatment		Treated	Made dentally fit
Expectant and nursing mothers	21	20		19	10
Children under five	63	63		63	53

FORMS OF DENTAL TREATMENT PROVIDED

	Extrac- tions	Anæsthetics		Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Dressings	Radio- graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	130	20	14	6	10	—	—	3	4	5
Children under five ..	55	—	29	11	—	16	—	—	—	—

II. HOME NURSING

No organisation or administrative changes affecting the Home Nursing Service took place during the year to modify the arrangements detailed in the report for 1954.

The work covered during the year, excluding domiciliary midwifery, which functions from the same headquarters, is given in the following report submitted by the Nursing Superintendent, Miss Bazley, in which I would draw your attention to the extent of the home nursing of persons over 65 years and to the increasing amount of injections given at patients' homes.

That this has been possible without mishap is due to the establishment some years ago of the "syringe service". For this a large supply of interchangeable syringes is kept and with the co-operation of Dr. Kidd—pathologist at the Worcester Royal Infirmary—and his laboratory staff we are able for each single injection to use a separate syringe and needle sterilized by autoclave, the whole being contained in a sterilized glass test-tube.

The report follows, and is rounded off by the customary statistics furnished to the Ministry of Health:

"During the year 1955, 27,489 visits were paid to 1,168 patients, a slight decrease on the previous year. In addition, 1,739 casual visits were paid. These comprise visits of supervision by the Superintendent or Assistant Superintendent, and casual calls where no actual nursing treatment is carried out.

The general nursing visits can be analysed as follows:

Visits to medical cases (Chronic sick, injections of all types, enemas, etc., and all cases not requiring surgical nursing) ...	23,820
Visits to surgical cases	2,439
Visits to Tuberculosis patients (including streptomycin injections)	1,144
Other visits, i.e. post midwifery nursings and complications, infectious diseases, etc. ...	86
TOTAL ...	27,489

MEDICAL VISITS

(a) Chronic Sick

The nursing of the chronic sick and the aged is much the same as in previous years. 18,417 visits were paid to patients over 65 years of age.

(b) Injections

There is a big increase in the number of visits required for the purpose of giving injections of antibiotics, liver extracts, mersalyl and neptal for cardiacs, etc. Visits for injection purposes only are also required by elderly diabetics needing insulin. In some cases general nursing care or other treatment is required as well, and the injection is then given at the same time.

During 1955, 4,945 visits were paid solely for the purpose of giving injections—of these 1,910 were for insulin injections to diabetics.

(c) Various

Special visits have to be made, often when a nurse has finished her evening work, to give a high colonic washout to a patient attending the Worcester Royal Infirmary for a barium enema. These average two or three per week.

(d) Last Offices

The District Nurses are required, if necessary, to perform last offices, and during 1955 this service was rendered 161 times.

SURGICAL VISITS

Visits to surgical cases include post-operative dressings, dressings to varicose ulcers, etc. Bladder washouts and douches are rarely required now.

TUBERCULOSIS VISITS

There are few T.B. patients on full nursing. Most patients are ambulant and are treated with streptomycin injections only; more often patients go to a Sanatorium early for treatment.

HOME NURSING OF SICK CHILDREN

No special provision is made for the nursing of sick children. They are nursed as other patients by the Nurse on the district. During 1955, 157 visits were paid to children under five years of age.

NURSING COMFORTS

There is an adequate supply of nursing comforts available for loan if required, at a very small weekly charge. This service has proved to be of great benefit to patients and others."

The work of the Home Nursing Service is summarised as follows:

	Medical	Surgical	Infectious Diseases	Tuber- culosis	Maternal complica- tions	Others	Totals	Patients included in (2)-(7) who were 65 or over at the time of the first visit during the year	Children included in (2)-(7) who were under 5 at the time of the first visit during the year	Patients included in (2)-(7) who have had more than 24 visits during the year
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Number of cases attended by Home Nurses during the year	1,036	89	1	32	6	4	1,168	603	28	248
Number of visits paid by Home Nurses during the year ..	23,820	2,439	7	1,144	62	17	27,489	18,417	157	21,453

III HOME HELP SERVICE

The growth of the number of home helps from 21 in 1951, to 40 in 1955 gives some guide to the growth of this offshoot of the Health Department.

The gross cost of the service during the year was £8,536 and recoveries from beneficiaries £1,666 or 19.52% of the gross cost.

The type of need for which the service was started has changed considerably. Originally primarily intended for home confinements and acute medical and surgical emergencies the service now meets the need of more elderly persons than any other section of the public.

In keeping old people out of hospitals for the chronic sick or old peoples' homes the service has economic as well as social advantages. Not surprisingly some old people having sampled a "home help" are prone to regard her as a permanent or semi-permanent personal housemaid and the Home Help Organiser often has an unenviable task in allotting her personnel.

I record with appreciation the help at no cost to the Council received from Miss Falconer and Mrs. Moore-Ede who reports as follows on the work of the Service.

"At the end of 1955 the present Home Help Service had been in operation in Worcester for nine years and had fully taken its place in the life of the community.

In the early days, the majority of cases calling upon the service were confinements, or post-confinements, with a few accident and sickness emergencies and a few chronic sick old people. The picture is very different to-day as 80% of the work is for the OLD FOLK, a very large number of whom live completely alone or with another old relative. Such cases are generally given a few hours help, perhaps every day, or two or three times a week, and this enables many people who would otherwise have to be accepted into Local Authority Homes to continue to live in their own surroundings with an adequate measure of cleanliness and comfort.

The needs of these numerous old folk, which have now come to light make the work of the Home Help themselves very heavy and exacting, as the average full-time Home Help now looks after 10-12 cases a week, and it is the heavier work which naturally falls to her lot, such as scrubbing, heavy cleaning and washing. However, it is work that the Home Helps thoroughly enjoy, as they feel it is infinitely worth while looking after the old people.

Work for **PROBLEM FAMILIES** is, and probably always will be, a field in which there is disappointment mixed with some satisfaction. There have been cases where a good relationship has been established between the housewife and the Home Help, and one can say that the service has saved the break-up of homes and has enabled families to keep together and save the children being taken into care. Unfortunately, many problem families have more than the problem of the house-wife's incapacity in home-craft to contend with, as very often there is a work-shy husband, or a mentally unstable one.

In such cases the most that the Home Help Service can do is to stand in behind the mother and help her and educate her to a better standard of home-craft, but the probability is that such a family will need continuous support over a long period. We are satisfied, though, from our experience that where the fault lies substantially with the mother and where she is willing to co-operate, and is not of too low intelligence, really quick improvement can be made and the family kept on an even keel, with little supervision after the initial Home Help "treatment".

T.B. CASES

Though we still have some T.B. cases on the books, the numbers in this category are considerably reduced now there is no longer a lengthy waiting list for hospital beds in sanatoria.

We have received the most helpful understanding and co-operation from doctors, nurses and health visitors, almoners and the other social workers in the area and we should like to express our grateful appreciation to them all.

The W.V.S. value greatly the trust imposed in us by the City Council and the Medical Officer of Health by allowing us to administer this most important service. We particularly wish to thank the Medical Officer of Health, Dr. Griffin, for his unfailing helpful advice and wisdom over the various problems about which we consult him."

IV VACCINATION AND IMMUNISATION

(a) VACCINATION

Thanks to the propaganda work done by all concerned with infants from the doctor or midwife bringing them into the world, to health visitors and district nurses vaccination acceptances for infants under 12 months were satisfactory reaching 52·15%. This represents a higher figure than 1947 when vaccination against smallpox was still obligatory.

The present very satisfactory control of smallpox by public health authorities, particularly those at the ports, has engendered in the public such a feeling of security against smallpox that people are inclined to be somewhat casual regarding vaccination. Those of us who remember smallpox in the past still treat it with respect to the extent of recommending a vaccinated community for if it were ever to rear its ugly head many unvaccinated might die before emergency vaccination had time to protect.

At the Health Department an increasing number of voyagers have called for franking of their international vaccination certificates.

(b) IMMUNISATION

Immunisation against diphtheria carried out by domiciliary medical practitioners and Health Department medical staff continues to keep a high level, thanks largely to the constant all the year round publicity of departmental nursing staff including school nurses.

I am almost satisfied with the immunisational state; certainly it is four years since we had a diphtheria notification and it seems in the distant past that we had a diphtheria death.

Immunisation against whooping cough and tetanus has not yet been officially sponsored though some doctors are giving a triple prophylactic aimed at these two diseases in addition to diphtheria.

Statistics furnished to the Ministry regarding immunisation follows.

Number of children in the Local Health Authority area of 31st December, 1955, who have completed a course of diphtheria immunisation at any time between 1st January, 1941, and 31st December, 1955.

Age on 31.12.1955 (i.e. born in year)	Under 1 1955	1 - 4 1951-1954	5 - 9 1946-1950	10 - 14 1941-1945	Under 15 Total
A. No. of children who have completed course (primary or booster) in the period 1951-1955	67	2218	2889	552	5726
B. No. of children who have completed course (primary or booster) in the period 1941-1950	—	—	1476	3311	4787
C. Estimated mid-year child population ...	920	3680	9,100		13,700
Immunity Index 100 A/C	7.28%	60.3%	37.8%		41.8%

V AMBULANCE SERVICE

(a) INFECTIOUS PATIENTS

No change took place in the arrangements for the transport of infectious diseases patients. 557 patients were carried at a nett cost of £157 to the City, much of the work being inter-hospital transport of patients with pulmonary tuberculosis.

The light ambulance bought for this work in April, 1954, has continued to give good service in the hands of its very experienced driver, Mr. Hanson, giving a petrol consumption of 25 miles to the gallon.

The low running costs of this vehicle support my personal view that ambulances generally are needlessly costly to buy and maintain largely on account of their excessive weight.

Three tons of palatial pantechicon is not necessary to transport a 10 stone patient the short journeys by ambulance now customary, for long ones are often better done by train. A comfortable ride is not dependent solely upon weight and might be better achieved by independent four wheel springing.

(b) NON-INFECTIOUS PATIENTS

The Council's responsibilities as an ambulance authority are discharged on their behalf by the Worcester City and District Voluntary Ambulance Committee which additionally covers the southern part of the County of Worcestershire on behalf of the County Health Authority.

The Chairman of this Voluntary Ambulance Committee is the Medical Officer of Health for the City, its Honorary Treasurer the City Treasurer, the County Ambulance Officer is the Ambulance Officer to the Committee which includes the County Medical Officer of Health and the Chairman of the County Council's Ambulance Committee so that liaison between the two Ambulance Authorities and the Voluntary Ambulance Committee is not lacking.

The Ambulance fleet of six ambulances includes a dual-purpose ambulance capable of use as a sitting case vehicle to carry up to nine passengers. One new ambulance was put into service during the year in place of a 1948 vehicle.

New quarters for the Ambulance Service are urgently needed.

The support within the Ambulance Service of volunteers from the St. John Ambulance Brigade and the British Red Cross—which bodies enjoy membership of the Committee—is again acknowledged as they have contributed substantially towards the very economic running of the service. For all County Boroughs the average cost of the ambulance service per 1,000 population was £180 for 1955/56. The cost for Worcester was £91 10s. 0d. and only one County Borough had a lower figure.

For the financial year ending 31st March, 1956, the gross cost of the Ambulance Service was £5,173.

(c) SITTING CASE HIRE-CAR SERVICE

By arrangement with Messrs. Silver Wings of Worcester, Sitting case cars were called upon by the Voluntary Ambulance Service as necessary when the Hospital Car Service was not available. 975 journeys dealing with 3,193 persons were made for a mileage of 11,798. This was a reduction of some 1,000 miles mainly due to the use of the new dual purpose ambulance.

(d) HOSPITAL SITTING CASE CAR SERVICE

The sitting case car service operated from the Worcester Royal Infirmary carried 998 persons for a total mileage of 14,461.

VI SECTION 28 PREVENTION OF ILLNESS, CARE AND AFTER-CARE

(a) TUBERCULOSIS

Particulars of the Scheme for tuberculosis with details of Regional Hospital Board and local health authority responsibilities were fully outlined in the 1954 report and need no repetition here.

Liaison with the Chest Physicians could I think, hardly be bettered and I acknowledge the help given to the local authority by Drs. Moyes and Kershaw.

On that portion of the tuberculosis scheme affecting the work of the Chest Physician which the Ministry asks to be included in the report of the Medical Officer of Health the Chest Physician, Dr. Moyes, writes as follows:—

“ 1. CONTACT EXAMINATION:

The following table shows the number of contacts examined in the years 1949-1955 (inclusive) related to the number of new notifications each year, including cases transferred into the area.

Year	1949	1950	1951	1952	1953	1954	1955
New Notifications	53	43	57	76	78	87	64
Contacts examined ..	128	150	187	164	281	268	355

In 1955 there were 64 new notifications in the City of Worcester and according to the environmental reports 380 persons were at a risk as contacts of these patients. 355 were examined at the Chest Clinic giving an examination rate of 93% and a ratio of 5.5 contacts per notification.

2. EMPLOYMENT CONDITIONS OF KNOWN CASES

No comment.

3. DEATH NOTIFICATIONS

No comment.

4. SCHEMES TO ASCERTAIN AND FOLLOW UP EARLY CASES AMONG CHILDREN AND OTHERS.

During the year the school contacts were examined of two children notified as suffering from tuberculosis. No

new cases were discovered. The Mass Miniature Radiography Unit visited Worcester during the year and stayed for two months. The discovery rate for new cases of pulmonary tuberculosis was in the region of 1·7 per 1,000. Annual visits from this unit no longer appear to be justified.

5. SPECIAL CASE FINDING SURVEYS

None."

NOTIFICATION

The following table gives notification over the past 10 years:

<i>Year</i>			<i>Respiratory</i>			<i>Non-Respiratory</i>
1946	...	...	49	...	...	11
1947	...	...	42	...	...	14
1948	...	...	47	...	...	14
1949	...	...	53	...	...	15
1950	...	...	36	...	...	10
1951	...	...	56	...	...	12
1952	...	...	79	...	...	5
1953	...	...	63	...	...	13
1954	...	...	70	...	...	2
1955	...	...	64	...	...	3

Of three notifications of non-respiratory tuberculosis one was of tuberculosis abdominal glands, one of glands of the neck, and one of the genito-urinary tract.

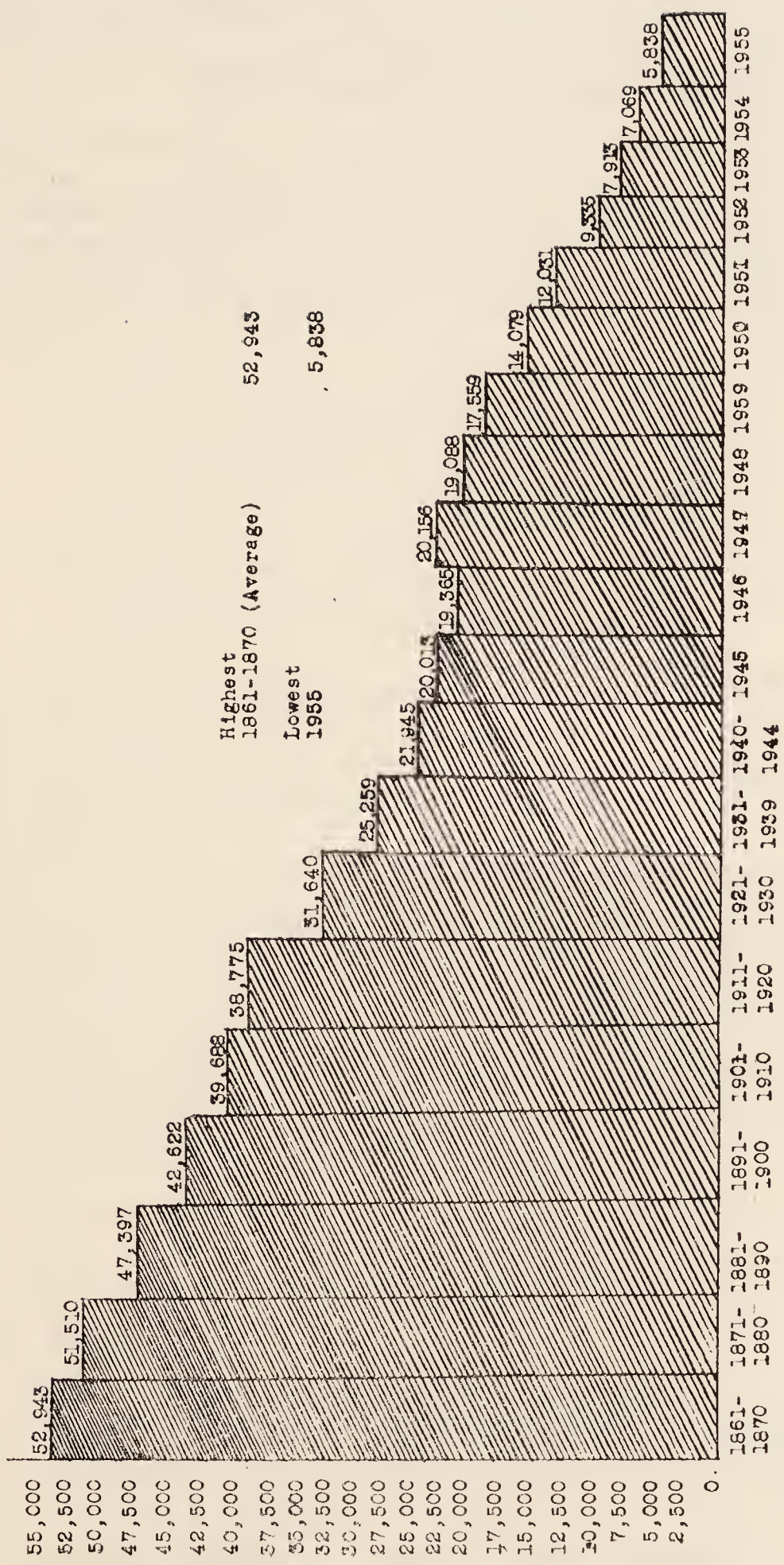
DEATHS

The phenomenal fall in the death-rate from tuberculosis throughout the country was paralleled in Worcester where there were only 8 deaths from respiratory disease compared with 37 in 1945.

The decline in death-rate is illustrated by the following table.

<i>Year</i>			<i>Respiratory</i>			<i>Non-Respiratory</i>
1946	...	...	34	...	...	7
1947	...	...	33	...	...	7
1948	...	...	35	...	...	5
1949	...	...	26	...	...	6
1950	...	...	24	...	...	2
1951	...	...	17	...	...	2
1952	...	...	18	...	...	1
1953	...	...	12	...	...	5
1954	...	...	15	...	...	2
1955	...	...	8	...	...	2

RESPIRATORY TUBERCULOSIS—DEATHS PER ANNUM 1861-1955
ENGLAND AND WALES



CONTACT EXAMINATION

This is adequately covered in the Chest Physician's comments.

EMPLOYMENT CONDITIONS OF KNOWN CASES

Of the variety of small industries in Worcester I associate none particularly with tuberculosis incidence. Contact rather than occupational hazard is the all-important factor and the crowded 'bus or assembly hall is more suspect than the factory.

Of the 67 notifications the occupations of the patients were as follows :

National Serviceman	...	...	...	...	1
Foundry Workers	...	...	...	...	2
Shoe operative	...	...	...	...	1
Housewives	...	...	...	...	9
Laundry workers	...	...	...	...	1
Clerks	...	...	...	...	5
Factory workers	...	...	...	...	12
Rag and Bone dealers	...	...	...	...	2
Night watchman	...	...	...	...	1
Ward orderlies	...	...	...	...	2
Railway fireman	...	...	...	...	1
Shop assistants	...	...	...	...	2
Electric welder	...	...	...	...	1
Furniture remover	...	...	...	...	1
Porcelain worker	...	...	...	...	1
Draughtsmen	...	...	...	...	2
Lorry driver	...	...	...	...	1
Publicans	...	...	...	...	2
Gas fitter	...	...	...	...	1
Labourer	...	...	...	...	1
Plumber	...	...	...	...	1
'Bus driver	...	...	...	...	1
Hospital porter	...	...	...	...	1
Student nurse	...	...	...	...	1
No occupation	...	...	...	...	6
Children	...	...	...	...	8
Total					67

DEATHS OF UNNOTIFIED CASES

There were two deaths among unnotified cases:—

Male, aged 66 years. Locality—Lungs.

Female, aged 70 years. Locality—Lungs.

The customary follow-up was made in these cases by the department's Tuberculosis Health Visitor.

TUBERCULOSIS AMONG CHILDREN

Six cases of respiratory tuberculosis and two of non-respiratory tuberculosis were notified among children below 16 years of age. Of four children found with respiratory tuberculosis two were found when examined as contacts of parents suffering from the disease.

CASE FINDING SURVEYS

The Mass Miniature Survey passed 8,030 persons through the x-ray service compared with 4,950 in 1954.

Results of the Survey

Tuberculosis Discovered

Active, Referred to Chest Clinic	...	...	14
Inactive, Referred to Chest Clinic	...	...	5
Others	...	...	9

Non-Tuberculous Condition

Referred to Chest Clinic	...	...	9
Others	...	...	22

The survey gave a discovery rate of 1.7 per 1,000 or the equivalent of about 100 with undiscovered tuberculosis in the whole population of the City. Numbers of the persons discovered by Mass Miniature Radiography do not have tuberculosis in a communicable form.

Frequent surveys represent expenditure of time, effort and money out of all proportion to the results achieved. A city the size of Worcester would be better served by the provision of a miniature camera unit for the chest physicians to be used according to their discretion in a wider field of contact tracing.

Until policy changes we shall be glad to avail ourselves of the Mass Miniature Radiography unit but do not propose to ask for a further survey until 1957.

TUBERCULOSIS AFTER-CARE

From the report of the Secretary of the Committee, Mr. P. M. Christian who is Chief Clerk in the Health Department I have extracted the following.

"Milk. On the advice of the Chest Physician, 3,851 pints of milk costing £112 6s. 5d. have been supplied to 25 patients during the year. This compares with 5,512 pints for 1954/55.

Clothing, Bedding, etc. During the year bedding and personal clothing costing £63 6s. 2d. have been purchased for the use of patients and their dependants.

Home Life. As mentioned in previous Reports, regular home visiting of patients and 'contacts' is carried out by the Tuberculosis Nurse, who reports to this Committee any case requiring help and assistance. In June last Mrs. M. W. Cotterill retired after 20 years faithful service as Tuberculosis Nurse and as a member of this Committee. Miss D. H. Edgar was appointed as her successor. In addition to home visiting she also attends the Chest Clinic held at the Worcester Royal Infirmary where patients and 'contacts' are examined by the Chest Physician and recommended for treatment. Both the Chest Physician and Tuberculosis Nurse are members of this Committee; it is therefore, possible to have first-hand information regarding the most useful forms of assistance which this Committee can render. The advice and help received from time to time from the Disablement Resettlement Officer, the National Assistance Board, and the Ministry of National Insurance, is also recognised. The City Council's Housing Committee continue to give priority to the rehousing of cases recommended by the Medical Officer of Health, and seven such families have been re-housed in Council Houses during the year.

Four Chalets owned by the Local Health Authority are available on loan to patients without charge when separate sleeping accommodation in the home is impossible. Two of those Chalets are in use at the present time and two are in store and are available for use at any time. Thanks, however, to the rehousing programme and to more beds being available in Sanatoria, there is not so much call for these Chalets as in the past.

Where separate sleeping accommodation has been recommended by the Chest Physician your Committee have been able to provide single beds, mattresses and bedding for patients in real need. At the beginning of the year we had nine single bedsteads in stock which had been given by the general public, but seven of these are now in use. Further gifts of single bedsteads and clean mattresses are always most acceptable, and on application to the Hon. Secretary at Church House transport arrangements will be made available for any such gifts to be collected.

Full use has been made by patients of the Dunlopillo Mattresses, Air Rings, Bed rests, Bed Pans, etc., which are available for loan to patients without charge.

Occupational Therapy. This work which commenced in November, 1954, has been continued throughout the year by Mrs. Matthews—one of the Worcestershire County Council's Occupational Therapists. She has been employed

for one day each week to visit City patients who have expressed their willingness to undertake this particular kind of therapy, which includes rug making, leather work, marquetry, embroidery, etc. Between 25 and 30 patients are on the list and have taken advantage of the scheme. Unfortunately as visiting has had to be restricted to one day per week it has been impossible for the Occupational Therapist to keep each patient under constant supervision, the result being that the work turned out has not been up to the standard although the service has been appreciated. Some of the finished articles made by the patients were sold at a County Sale of Work held during the year, and patients have been permitted to pay by weekly instalments for the materials, etc., they received. During the year Mrs. Matthews has paid over to our Hon. Treasurer the sum of £37 5s. 0d. from the sale of such materials. New purchases have cost £29 10s. 1d., and the value of Stock of Occupational Therapy equipment and materials in hand at the end of the year amounted to £66 14s. 6d.

In order to overcome the difficulty of contacting the patients in their homes, it was decided that the need existed for a central meeting place where patients could meet the Occupational Therapist, receive instruction and work together under one roof. By kind arrangement with the Local Authority a room at Bridge House (adjoining Church House) was placed at our disposal for this purpose every Monday afternoon. The Centre opened at the end of December, 1955 and functioned up to the end of March, 1956.

Christmas Seal Sale. A special meeting of your Committee was held on 27th September, 1955, when it was decided to publicise the forthcoming Christmas Seal Sale more widely than had been done in former years.

The result of the extra work involved has proved most gratifying. After paying all expenses (including a sum of £11 13s. 2d. which was paid as a contribution to NAPT) the Seal Sale resulted in a nett surplus of £221 10s. 8d.—£130 more than in the previous year. The target of £3 per 1,000 population laid down by NAPT was therefore well exceeded.

Particular mention should be made of the excellent response given by the teachers and scholars in the City Schools where £71 worth of seals were disposed of.

The total income raised from the annual sales of Christmas Seals since the year 1937 has been £1,532.

Finance and General Remarks. As from the 1st April, 1955, the City Council agreed to increase its Grant from £80 to £160 per annum. In order to raise further funds it was decided to send out letters to certain charitable organisations in the City setting out the work we are doing for the City's tuberculous patients. As a result the sum of £63 7s. 0d. was donated. A grant of £50 was also received from the Sunday Cinema Fund.

A Whist Drive organised by Miss Moncaster and her friends at Ronkswood Hospital, was held at the Catholic Hall on 6th December, 1955. Despite a poor attendance the sum of £10 was raised.

During the year a further £5 5s. 0d. was paid off the interest-free loan granted to a patient who had commenced his own business, and he has now repaid 80% of the loan.

It will be seen from the foregoing remarks that much has been done during the year by voluntary effort to help those suffering from tuberculosis where the need existed."

(b) OTHER FORMS OF ILLNESS

There is good liaison with the Hospital Management Committee particularly in connexion with the discharge from hospital of women, children under five and school children; in this hospital almoners and health visitors participate.

District Nurses and Health Visitors take part in after-care work and most valuable help is supplied by the Home Help Service whose members by taking over the domestic crises make a valuable contribution to the return to normality of patients discharged from hospital or no longer requiring the services of their domiciliary medical practitioners.

RECUPERATIVE CONVALESCENCE

At the time of the passing of the Act, the Worcester Health Authority made no general proposals to provide recuperative convalescence as there seemed no indication to discourage the self help impulses of subscribers to the Worcester Hospital Contributors Association.

In four cases where the Association could not assist patients, recuperative convalescence was provided by the Health Committee, who uses the Association's services for the detail arrangements.

VII. HEALTH EDUCATION

Health Education goes on daily throughout the year through the staffs of the various sections of the department.

Far too little is, however, done in this field where there is need for a constant pressure of organised propaganda in favour of preventive medicine. The provision of a Deputy Medical Officer of Health would have given scope for this work by relieving the Medical Officer of Health of so much administrative detail which cannot at present be delegated.

So much has been achieved by Health Departments in environmental hygiene that the field is tending to contract but in educating the public towards positive health and leading them away from disease consciousness there are fresh worlds to conquer and a new set of pupils to educate with each succeeding generation.

A generous annual subscription to the Central Council for Health Education places the Council's literature and publicity methods at our disposal and use is made by the various departmental sections of a film strip projector for giving "Camera Talks", for which the department has some 50 film strips.

VIII. MENTAL HEALTH SERVICE

(I) ADMINISTRATION

(a) The composition of the Health (Mental Health Services) Sub-Committee is given at the beginning of this report and has remained unchanged.

(b) *Number and Qualifications of Staff Employed.*

The Medical Officer of Health is personally responsible for the work of the service and for the certification of mental defectives placed in institutions or under guardianship.

One whole-time male Duly Authorised Officer carries out the detail work of the service including removal of patients to hospital, visitation of discharged patients, action under Section 20, care and after-care—including the finding of employment—generally.

Mr. Turner retired during the year and I take pleasure in recording my appreciation of his many years of loyal, co-operative and cheerful service of which never a complaint reached me.

We were fortunate in replacing him by Mr. Horne, who, in addition to holding qualifications as a State Registered Nurse and a mental nurse had spent many years as a nurse in a local mental hospital.

(c) A child Guidance Clinic is held at the School Clinic under the control of a Regional Hospital Board Child Psychiatrist. Children are referred to it from the School Health Service, the Juvenile Court and by domiciliary practitioners.

(d) No duties are delegated to voluntary bodies nor is a peripatetic teacher employed for occupational therapy. The Occupation Centre, closed during the war because of inadequate use, has not yet been re-started as so very few unemployable defectives would attend.

(II) WORK UNDERTAKEN IN THE COMMUNITY

(a) The statistical tables that follow give some indication of the work carried out by the Duly Authorised Officer.

(b) Defectives are ascertained through the Child Welfare Service, School Health Service, Domiciliary Practitioners and the Paediatric Department of the Worcester Royal Infirmary..

(c) The Sub-Committee has only four defectives under guardianship, two within the area and two outside, of these one is supervised on behalf of the local authority by a voluntary organisation and one by the East Sussex County Council.

LUNACY AND MENTAL TREATMENT

*Cases admitted to Powick Hospital during the year ended
31st December, 1955*

	Male	Female	Total
Certified under Section 16 Lunacy Act, 1890	7	8	15
Admitted under Section 20 ,, ,, ,,	31	39	70

(Of the cases admitted under Section 20, 26 males and 31 females received treatment under the Mental Treatment Act, 1930. Five males and eight females were certified under the Lunacy Act.)

Certified Patients discharged or died during the year

	Male	Female	Total
Discharged 	2	1	3
Died 	15	17	32

Mental Treatment Act, 1930

			Male	Female	Total
Admitted as Voluntary Patients ...	...	...	58	82	140
Left Hospital ...	...	...	36	48	84
Admitted as Temporary Patients ...	...	...	—	—	—

An unknown number attended hospital for treatment as out-patients.

MENTAL DEFICIENCY ACTS

Ascertainment including number of defectives awaiting vacancies in institutions at the end of the year:

				Male	Female	Total
In Institutions ...	...	...	...	44	39	83
Under Guardianship ...	...	...	...	2	—	2
Under Statutory Supervision ...	...	...	...	28	22	50
Under Voluntary Supervision ...	...	...	...	29	21	50
Awaiting Institutional Vacancies ...	...	...	...	4	—	4
Number ascertained during 1955 ...	...	...	...	5	4	9
Admitted to Institutional Care ...	...	...	...	—	2	2
Placed under Statutory Supervision ...	...	...	...	3	4	7
Placed under Voluntary Supervision ...	...	...	...	1	1	2
Died, removed or lost sight of ...	...	...	...	2	2	4
Given birth to a child while unmarried ...	...	...	...	—	1	1

Visits

Approximate number of visits paid to mental defectives	240
„ „ „ „ „ „ mental patients .	184

IX EPILEPTICS AND SPASTICS

(a) EPILEPTICS

With the advent of modern controlling drugs explosive fits of major epilepsy are rarely encountered in schools or public places. Possibly from successful drug treatment or from a natural desire of the patient or his parents to avoid publicity, or a combination of both factors, epilepsy rarely comes to Health Department notice.

The sources of ascertainment are broadly the same as in the case of defectives. In the department there is only one known epileptic below school age and three of school age. Ten adult epileptics are known to the Welfare Department of these three enjoy Part III accommodation, two are maintained in Chalfont Colony and the remainder live at home.

(b) SPASTICS

There are five spastics of school age: of these three are in special schools.

The list of handicapped persons maintained by the Welfare Committee carries the names of three spastics. A local offshoot of the National Spastics Society has been formed and interests itself in the entertainment and general welfare of spastics.

X BLIND PERSONS

18 persons were made the subject of report for blindness for the purposes of the Register of Blind persons. These included one child aged 4 years, three adults between 40 and 60, and 14 persons over 60 including one lady of 97.

Four patients had previously received surgical treatment: No further surgical treatment was advised in any case.

SECTION III

COMMUNICABLE DISEASES

Excluding Tuberculosis the following notifications of communicable disease were received.

						<i>Number of Notifications</i>
Scarlet Fever	...	...	...	...	...	37
Measles	...	...	...	...	...	1,133
Whooping-Cough	...	...	...	...	...	153
Acute Primary and Acute Influenzal Pneumonia	...	...	...	...	...	65
Erysipelas	...	...	...	...	...	4
Dysentery	...	...	...	...	...	29
Meningococcal Infection	...	...	...	...	...	—
Food Poisoning	...	...	...	...	...	46
Ophthalmia Neonatorum	...	...	...	...	...	12
Puerperal Pyrexia	...	...	...	...	...	49
Acute Poliomyelitis—Paralytic	...	...	...	...	...	4
Non-Paralytic	...	...	...	...	...	7
Typhoid Fever	...	...	...	...	...	1

(a) DIPHTHERIA

Not a single case of diphtheria was notified during the year a happy state of affairs which has now continued since 1952. Elsewhere reference has been made to the continuous campaign waged to keep at a high level the rate of immunisation against diphtheria. In England and Wales there were only 11 deaths from diphtheria whereas prior to 1939 the average was about 2,800, a remarkable example of the value of preventive medicine.

The following statistics are illuminating:

TOTAL OF DEATHS AND NOTIFICATIONS IN ENGLAND AND
WALES AND WORCESTER CITY DURING THE PAST TEN YEARS

<i>Year</i>	<i>England and Wales</i>		<i>Worcester City</i>	
	Cases notified	Deaths	Cases notified	Deaths
1946	... 11,986	472	... 13	—
1947	... 5,609	244	... 7	—
1948	... 3,575	156	... 3	—
1949	... 1,890	84	... 4	—
1950	... 962	49	... —	—
1951	... 664	33	... 3	—
1952	... 376	32	... —	—
1953	... 266	23	... —	—
1954	... 173	9	... —	—
1955	... 161	11	... —	—

(PROVISIONAL)

(b) POLIOMYELITIS

11 cases of poliomyelitis (infantile paralysis) were notified, four being “paralytic” cases. Ages of the patients varied from $2\frac{3}{4}$ to 35 years and included an isolated case of a nurse from a local hospital.

In no case was there any association with immunisation procedures; or with use of a public swimming bath; in no case was there a secondary case among home contacts. In one case the patient was already receiving penicillin on account of boils, no inference is drawn from this!

These cases contributed nothing towards the still unsolved mystery of the spread of infantile paralysis.

(c) OPHTHALMIA NEONATORUM

11 City babies were notified within three weeks of birth as having developed ophthalmia neonatorum.

Usually these patients are treated at and notified from the Eye Hospital, where they are very properly sent by the doctor in charge of the confinement.

The urgent need for notification of this condition to the Medical Officer of Health has practically ceased to exist.

In no notified case did the usual follow up disclose any impairment of sight.

(d) VENEREAL DISEASE

City of Worcester patients attending the special Clinic at the Worcester Royal Infirmary for the first time were diagnosed as follows :

Syphilis	...	...	...	9
Gonorrhœa	...	...	...	10
Other conditions	...	...	...	57

Of the "other conditions" patients 18 males and 11 females required no treatment and presumably attended to have their fears allayed.

The four deaths attributed to syphilis remind us that the way of the transgressor—particularly the untreated one—can still be hard.

Nevertheless there has been a satisfactory decline in venereal disease, probably due more to education than to continence, the particularly important feature is that less disease is being handed on "to the third and fourth generation".

(e) FOOD POISONING

So much importance is attached to food poisoning by the Ministry of Health that special reports on outbreaks have to be made and not later than 31st January of the following year a return submitted to the Ministry.

The details that follow are in the form of this return.

ANNUAL RETURN OF FOOD POISONING NOTIFICATIONS
(CORRECTED)

1. *Local Authority: City of Worcester. Year: 1955.*
2. *Food poisoning notifications (corrected) returned to Registrar General :*

First quarter	...	...	...	...	11
Second quarter	...	...	...	...	8
Third quarter	...	...	10-2=		8*
Fourth quarter	...	...	17-6=		11†
Total					38

*Two cases later diagnosed as Bacillary Dysentery.

†Six cases later diagnosed as Bacillary Dysentery.

3. *Outbreaks due to identified agents :*

Total outbreaks—2 Total cases—14

Outbreaks due to :

(a) Chemical poisons	...	...	...	Nil
(b) Salmonella organisms	...	...	...	2
(c) Staphylococci (including toxin)	...	...	...	Nil
(d) Cl. botulinum	...	...	...	Nil
(e) Other bacteria	...	...	...	Nil

4. *Outbreaks of undiscovered cause :*

Total outbreaks—3. Total cases—11.

5. *Single cases :*

Agent identified—salmonella typhi-murium	3
Unknown cause 	10
	<hr/>
Total 	13
	<hr/>

FOOD POISONING OUTBREAK NO. 1 (1955) (Summary of Details)

1. *Food causing outbreak :* Unknown.

Agent causing outbreak : Salmonella typhi-murium.

2. *Cases forming outbreak,* which occurred from February 16th to April 26th.

Total notified—12. Total ascertained—12. Fatal—Nil.

3. *Clinical features :* Average interval ingestion to onset (hours)—not known.

Main symptoms, etc.—Diarrhoea in 3-4 stools daily.

Severity of illness—extremely mild.

Duration of illness—where illness was present not more than 3-4 days.

4. *Results of laboratory investigation (summary) :*

Cases—12 cases found positive on stool examination.

Food samples—no food samples found positive.

Food handlers—no food handlers found positive.

Other—nursing and domestic staff on ward examined, no positive excretors found.

5. *Origin and preparation of food causing illness :*

See attached notes.

6. *Place at which food causing illness was consumed :*

Estimated number of consumers at risk.

See attached notes.

7. *Probable origin of infection or contamination of food :*

Contributory factors.

See attached notes.

NOTES REGARDING FOOD POISONING OUTBREAK NO. 1 (1955).

This series of cases occurred as a result probably of cross infection in the children's medical ward in a hospital.

The first case was actually admitted as an acute middle ear, and it was during routine examination of stool that the child, a week later, was found to be a symptomless excretor of salmonella typhi-murium. The child was discharged home and 12 days later a second case occurred in a child who had been sometime in the ward. This time the patient had diarrhœa. From thereon cases occurred at intervals until the infection finally was cleared from the ward on April 26th, 1956.

This was only after strenuous efforts on the part of the staff, cleaning of the entire ward, removing door handles, quarantine measures, etc.

It was never discovered how the organism was transmitted from case to case, but as doubling up of patients in cubicles had been in force for some time, some cross infection was inevitable until discharge of patients allowed this to cease.

Certain other factors, including inadequate facilities in the sluice room no doubt helped to disseminate infection; these have now been remedied.

This report has been compiled by the Bacteriologist at the Worcester Royal Infirmary who with the Paediatrician had been handling this outbreak. When cases continued to occur the advice of the Medical Officer of Health was sought. He recommended the transfer of all cases to the Isolation Hospital, the temporary suspension of admissions to the Children's Ward and the thorough disinfection of the Ward. After these measures had been taken no further cases occurred.

OUTBREAK NO. 2

1. *Food causing outbreak* : Unknown.
Agent causing outbreak : Unknown.
2. *Cases forming outbreak*, which occurred from April 25th to 30th.
 Total notified—3. Total ascertained—3. Fatal—Nil.
3. *Clinical features* : Average interval ingestion to onset (hours)—not known.
 Main symptoms, etc.: Diarrhœa and vomiting. Three members of the same family (mother and two sons. aged 13 years and 11 years), father not affected.
 Severity of illness: not severe.
 Duration of illness: approximately one day.
4. *Results of laboratory investigation (summary)* :
 Cases—rectal swabs from three patients all negative.
 Food samples—Nil.
 Food handlers—Nil.
 Other—Nil.
5. *Origin and preparation of food causing illness* :
 No special food incriminated.
6. *Place at which food causing illness was consumed* :
 Home.
 Number of consumers at risk—4.
7. *Probable origin of infection or contamination of food* :
 Contributory factors: Unknown. Interval between outbreak and receipt of notifications too large to permit of food analysis.

OUTBREAK NO. 3.

1. *Food causing outbreak* : Unknown.

Agent causing outbreak : Salmonella typhi-murium.

2. *Cases forming outbreak*, which occurred from July 18th to 25th.

Total notified—2. Total ascertained—2. Fatal—Nil.

3. *Clinical features* : Average interval ingestion to onset (hours)—not known.

Main symptoms, etc.: Diarrhœa and vomiting. Two members of the same family (father and 3½ years old son), mother and two other children not affected. Father admitted earlier illness, possibly carried to son.

Severity of illness—not severe.

Duration of illness—approximately three days.

4. *Results of laboratory investigation (summary)* :

Cases—salmonella typhi-murium isolated from one patient.

Food samples—Nil.

Food handlers—Nil.

Other—Nil.

5. *Origin and preparation of food causing illness* :

Not ascertained.

6. *Place at which food causing illness was consumed* :

Home.

Number of consumers at risk—5.

7. *Probable origin of infection or contamination of food* :

Contributory factors—Unknown.

OUTBREAK NO. 4.

1. *Food causing outbreak* : Unknown.

Agent causing outbreak : Unknown.

2. *Cases forming outbreak*, which occurred from September 28th to 29th.

Total notified—5. Total ascertained—5. Fatal—Nil.

3. *Clinical features* : Average interval ingestion to onset (hours)—not known.

Main symptoms, etc. : Sickness and diarrhœa. Father, mother and three sons all effected.

Severity of illness—not severe.

Duration of illness—approximately two days.

4. *Results of laboratory investigation (summary)* :

Cases—Nil.

Food samples—Nil.

Food handlers—Nil.

Other—Nil.

5. *Origin and preparation of food causing illness* :

Unknown.

6. *Place at which food causing illness was consumed* :

Home.

Number of consumers at risk—5.

7. *Probable origin of infection or contamination of food* :

Unknown. Notifications received too late for food analysis.

OUTBREAK No. 5.

1. *Food causing outbreak* : Unknown.
Agent causing outbreak : Unknown.
2. *Cases forming outbreak*, which occurred from September 25th to October 13th.
 Total notified—3. Total ascertained—3. Fatal—Nil.
3. *Clinical features* : Average interval ingestion to onset (hours)—not known.
 Main symptoms, etc. : Sickness and diarrhœa. Three children in same family all affected. Father and mother not affected.
 Severity of illness—not severe.
 Duration of illness—approximately a week.
4. *Results of laboratory investigation (summary)* :
 Cases—rectal swabs from patients negative.
 Food samples—not possible.
 Food handlers—Nil.
 Other—Nil.
5. *Origin and preparation of food causing illness* :
 Unknown.
6. *Place at which food causing illness was consumed* :
 Home.
 Number of consumers at risk—5.
7. *Probable origin of infection or contamination of food* :
 Unknown.

In connexion with the foregoing it will be observed that in one of three outbreaks and 10 of 13 isolated cases no causative organism was found.

This usually arises from delay on the part of the patient in calling in the doctor, or delay on the part of the latter in notifying the disease or a combination of both.

Commonly any food that might have been incriminated has been thrown away. Sometimes specimens from the patient for

laboratory investigation have not been taken or have been submitted too late.

The bald details given represent a prodigious amount of investigation by public health inspectors and in outbreaks a heavy load on the public health laboratory at the Royal Infirmary.

That food poisoning outbreaks are not much more frequent and the source of many more deaths is surprising in view of the very casual food handling that still goes on despite the large amount of preventive publicity. In prevention the public by demanding and also themselves practising a higher standard of food hygiene can do much to reinforce the work of Health Departments.

(f) TYPHOID FEVER

One city resident was admitted to isolation hospital with typhoid fever under circumstances deserving of record.

Through liaison with the Director of Public Health Laboratory at the Royal Infirmary it came to my knowledge that a case of typhoid fever, which later proved fatal, had occurred in a neighbouring county, and I subsequently learnt that the patient's daughter, employed in a City canteen, had left the City to nurse her mother.

I was unable to prevent the return of Miss B to Worcester after her mother's death, but made sure she had a reception party on her arrival. Despite her protestations that she was quite well I insisted on her abstention from work until negative tests had been secured. The first *were* negative but the second I requested were *positive* and I promptly incarcerated Miss B as a typhoid carrier in the local isolation hospital where subsequently she developed within a week clinical signs and symptoms of typhoid fever.

Needless to say she did not escape until all tests were negative, and no second case occurred in the City.

(g) SONNE DYSENTERY

Towards the end of the year notification of Sonné Dysentery among school children began to come in and continued until they slowly came to a stop in 1956; a total of 29 notifications had been reached in 1955. Many schools were implicated and many families had more than one case.

The appropriate advice contained in Ministry of Health Memorandum was given to head teachers but it is possible that the outbreak which was bacteriological rather than clinical died from sheer inanition.

SECTION IV

OTHER HEALTH DEPARTMENT SERVICES

(a) EXAMINATION OF PLANS

Some indication of increased building programmes is given by the figure of 940 plans examined by the Medical Officer of Health and the Chief Sanitary Inspector compared with 812 in 1954 and 533 in 1953. By the triple scrutiny of the City Engineer and Surveyor, Town Planning Officer and the Medical Officer of Health, between whom there is a close liaison on these matters, protection is given to the public as well as the Council.

As the conversion of large houses into “flatlets” or “houses-let-in lodgings” is normally the subject of plan submission new projects receive the special attentions of the Health Department Staff.

Each such proposal—apart from planning consent—is the subject of special consideration by the Health Committee so that not only can Section II or the 1954 Housing Act be applied but the “permissive” number of occupants can be stipulated by the Health Committee.

A high standard has been properly set for these conversions which so far have been well carried out. Departmentally it is considered most important that good old property should not become debased into insanitary overcrowded tenements.

The extent of sub-letting without physical conversion of the properties is not known but is undoubtedly considerable.

(b) NATIONAL ASSISTANCE ACT, 1948—SECTION 47, AND NATIONAL ASSISTANCE (AMENDMENT) ACT, 1951

It was not necessary during the year to take compulsory action under the above-mentioned legislation which gives to Medical Officers of Health certain powers to remove to suitable care infirm persons inadequately cared for and living in insanitary conditions.

Cases were referred by the Director of Welfare but where persuasion failed the hint of legal compulsory removal was effective.

(c) MEDICAL EXAMINATION OF LOCAL AUTHORITY STAFF AND OTHERS

No fewer than 246 medical examinations of staff were carried out by the Assistant Medical Officers of Health. At half an hour per person, which is not excessive for what is the equivalent of an examination for life insurance, the examinations took three weeks of the time of one assistant.

The total includes 34 persons examined prior to admission to a training college for teachers and 13 examined on behalf of other local authorities.

(d) PHARMACY AND POISONS ACT

Assistant Medical Officers of Health inspected premises which were the subject of 70 licences granted during the year by the local authority.

(e) WORCESTER CORPORATION ACT, 1951—SECTION 210: REGISTRATION OF HAIRDRESSERS

Three new registrations were made bringing up the total to 71. The making of Bye-laws is still pending.

(f) PET ANIMALS ACT

11 inspections of Registered Premises were made by Veterinary Surgeons, three premises were closed down voluntarily during the year leaving four premises registered.

(g) CIVIL DEFENCE

Recruitment to the Civil Defence Ambulance Service has been adequate and personnel exceed the numbers required. Training takes place under the Ambulance Officer at the Worcester City and District Voluntary Ambulance Service headquarters and a training vehicle has at last been made available.

SECTION V

SANITARY CIRCUMSTANCES OF THE AREA

For the statistical tables and much of the detail information contained in this section, I am indebted to Mr. T. W. Marsden, Chief Sanitary Inspector.

(a) WATER SUPPLY

Water drawn from the septic River Severn receives sand filtration and chlorination before release to the public. The result has a high standard of purity if not of palatability, the volatiles from the growth of algae sometimes giving the water in summer a distinctive flavour which in turn justifies the addition of "something to go with it".

The daily output of the Waterworks for Worcester consumption averages 3,247,200 gallons giving a consumption of 51 gallons per head of population for all purposes, probably as much as the City sewers in their turn can stand.

19,138 dwelling houses have a separate piped supply and 289 houses are supplied from stand pipes in communal wash-houses. Most of these latter houses are included in the Council's Slum Clearance programme, the remainder dealt with by action made under Section 9 of the Housing Act.

The following is a typical report by the analyst of a sample of tap water submitted. In addition to the daily checks by the waterworks staff, the Chief Sanitary Inspector submits two samples per quarter.

CERTIFICATE OF ANALYSIS—TAP WATER

I hereby certify that I have examined the above sample chemically with the following results:

Chemical Examination

	Parts per million
Physical characters	clear
Odour	none
Deposit	very slight
Solids in suspension (dried at 100°C.)	very slight trace
Solids in solution (dried at 180°F.) ...	290
Solids in solution after ignition ...	240
Chlorine expressed as chloride ...	54
Hardness—non-carbonate	65
carbonate	105
total	170
Ammoniacal Nitrogen	trace
Albuminoid Nitrogen	0.06
Nitrate Nitrogen	2.9
Nitrite Nitrogen	nil
Toxic Metals	none detected
Oxygen absorbed in 4 hours at 27°C.	1.30
Residual Chlorine—free	—
combined	—
total	0.01

Opinion: The chemical condition of the sample is satisfactory.

(Signed) M. M. LOVE, City Analyst.

WELL-WATER

Four domestic wells supply water to four houses. Additionally five wells are used in connexion with businesses.

(b) DRAINAGE AND SEWERAGE

On account of low levels or absence of sewers 40 houses are served by pail closets and 84 by septic tanks, the remaining houses drain to sewers.

It is considered unfortunate that plans for new houses are accepted with combined drainage arrangements. The immediate economy is small and the subsequent trouble and expense often great. From the view point of the Chief Sanitary Inspector each dwelling house should have an access to its own drainage.

Where septic tanks have to be permitted new ones must conform to a fixed high standard of adequacy. The greatest amount of drainage trouble to inspectors comes from the central areas of the town where sewerage defects encourage rats and give rise to escape of sewer gas. In this central area more adequate ventilation of sewers is needed.

(c) REFUSE COLLECTION AND DISPOSAL

Disposal is by tipping which is reasonably well conducted and gives rise to no nuisance.

I wish the same could be written of the collection system which, despite the provision of modern vehicles, is still archaic and almost comes within the Sections of the Public Health Act, 1936 dealing with nuisances.

Two major changes are needed to obviate the present insanitary procedure. The first is to adopt a standard dust bin to be hired to the occupier or owner and made the subject of an annual rate levy of 5/- as now permitted under Section 8 Local Government (Miscellaneous Provisions) Act, 1953.

The second to discontinue the emptying of bins in the streets, a relic of the "bow and arrow" period, and to substitute a system under which a clean bin is left while the dirty one is emptied and disinfected at a station.

After all, few people stay naked while one single shirt goes to be laundered!

The old bogey of extra cost will be raised but surely cost is the concomitant of civilised living.

(d) CARAVAN SITES

15 applications for licences to station individual caravans on sites were granted by the Health Committee.

The Council's site for 28 caravans at Swanpool is always fully occupied and could well be supplemented by other sites. The chief objection to caravans is the uninformed criticisms they provoke.

Improper and unintelligent use plus bad citizenship can produce nuisance in a Council house as in a caravan indeed some of the latter are better kept than some of the former.

The man who is prepared to provide himself by his own efforts with a hygienically maintained caravan is more deserving of encouragement than his unenterprising fellow who constantly wails for a Council house and grumbles about the rent when he has got it.

(e) COMMON LODGING HOUSES

There are two lodging houses only, catering in the main for regular lodgers. Slum clearance action has wiped out other lodging houses and new provision is needed particularly as the present ones, both now hopelessly sub-standard, are unfit and will before long be demolished.

(f) FACTORIES

During the year 280 visits were made by the sanitary inspectors to premises governed by the Factories Act. There has, throughout the year, been complete co-operation with H.M. Factories Inspectors on matters of mutual concern. The following tables show the extent of work, etc., done under the Factories Act.

		No. on register	No. on inspections	No. on notices
Factories (with power) ...	...	325	17	2
Factories (without power) ...	...	104	197	28
Other premises ...	...	20	66	2
		<hr/> 449	<hr/> 280	<hr/> 32

Defects found and remedied :—

Insufficient sanitary conveniences	...	...	5
Unsuitable or defective conveniences	...	...	57
Conveniences not separate for sexes	...	...	Nil

(g) OUTWORKERS

Under Section 110 of the Factories Act, 1937 it is the duty of the occupier of any factory employing outworkers to submit a list to the local authority giving the names and addresses of any such outworkers.

The number of outworkers notified on the August lists was 863 of which 409 were not City residents and for these transfer certificates were despatched to 67 local authorities.

(h) OFFENSIVE TRADES

There were seven offensive trades in operation at the end of the year:—

			Old estab.	Annual licences	Total
Fellmongers	...	...	2	1	3
Hide and Skin	...	...	1	—	1
Rag and Bone	...	...	—	3	3

(i) SMOKE ABATEMENT

Due to the fact that wheels of Worcester's industries are powered by electrical energy, there is no serious problem from industrial atmospheric pollution. During the year one firm whose boiler had been found overloaded installed a second boiler plant and so mitigated a nuisance.

The pollution of the atmosphere by domestic chimneys is comparable with that of other urban authorities, and when the recommendations of the Beaver Committee become translated into effective legislation a formidable task will be placed on the shoulders of the department's inspectors.

(j) BATHS AND SWIMMING POOLS

The Council's Public Baths at Sansome Walk have functioned unaltered; the proposed smaller pool for children having still failed to materialise.

Responsibility for the control and supervision of the baths rests with a Baths Sub-Committee of the Health Committee, despite the fact that administrative responsibility for the Baths rests with the City Engineer and is operated through a Baths Superintendent. The only connexion of the Health Department with the Baths rests in occasional sampling of the bath water and recommendations regarding chlorination during threatened epidemics.

(k) SANITARY INSPECTION OF THE AREA

The Chief Sanitary Inspector, assisted by his Deputy Inspector and three district inspectors, carry out the sanitary inspection of the area, mixing their statutory liabilities with their other responsibilities. Some indication of the scope and extent of their labours is given in the following table.

VISITS AND INSPECTIONS DURING THE YEAR

Accumulations	...	...	...	...	...	...	46
Animals	...	...	...	...	...	...	69
Ashbins	...	...	...	...	...	...	44
Bakehouses	...	...	...	...	...	...	60
Cesspits	...	...	...	...	...	...	7
Closets: Water	...	...	...	...	...	...	104
Common Lodging Houses	...	...	...	...	...	...	4
Dairies	...	...	...	...	...	...	33
Dangerous Structures	...	...	...	...	...	...	1
Ditches and Water Courses	...	...	...	...	...	...	27
Drains: Inspections	...	...	...	...	...	...	659
Smoke Tests	...	...	...	...	...	...	37
Chemical Tests	...	...	...	...	...	...	12
Colour Tests	...	...	...	...	...	...	42
Entertainment Houses	...	...	...	...	...	...	10
Factories: Power	...	...	...	...	...	...	197
Non-power	...	...	...	...	...	...	17
Others	...	...	...	...	...	...	66
Food: Manufacturing Premises	...	...	...	...	...	...	167
Examinations	...	...	...	...	...	...	486
Shops and Warehouses	...	...	...	...	...	...	350
Vehicles	...	...	...	...	...	...	2
Hotel and Restaurant Kitchens	...	...	...	...	...	...	192

Houses: Let in lodgings	...	...	...	...	...	13
Overcrowding	...	..	...	...	...	163
Vermin	...	...	...	...	...	70
Section 9, Housing Act	...	...	...	...	...	29
Section 11, Housing Act	...	...	...	...	...	99
Section 25, Housing Act	...	...	...	...	...	86
Public Health Act	...	...	...	...	...	3,424
Housing Reports	...	...	...	...	...	599
Disrepair Certificates	...	...	...	...	...	10
Revocation of Certificates	...	...	...	...	...	1
Hairdressers	...	...	...	...	...	9
Ice Cream: Shops	...	...	...	...	...	96
Manufactories	...	...	...	...	...	8
Infectious Disease Visits	...	...	...	...	...	354
Licensed Premises	...	...	...	...	...	96
Markets	...	...	...	...	...	2
Miscellaneous Nuisances	...	...	...	...	...	68
Offensive Trades	...	...	...	...	...	4
Outworkers	...	...	...	...	...	11
Rodent Control	...	...	...	...	...	203
Sampling: Bacteriological	...	...	...	...	...	80
Fertilisers and Feeding	...	...	...	...	...	5
Food and Drugs	...	...	...	...	...	61
Ice Cream	...	...	...	...	...	14
Milk	...	...	...	...	...	48
Rag Flock	...	...	...	...	...	1
Schools	...	...	...	...	...	49
Septic Tanks	...	...	...	...	...	42
Sewers	...	...	...	...	...	3
Shops Act	...	...	...	...	...	123
Slaughterhouses: Public	...	...	...	...	...	45
Private	...	...	...	...	...	760
Smoke: Inspections	...	...	...	...	...	31
Observations	...	...	...	...	...	28
Special Visits	...	...	...	...	...	673
Tips	...	...	...	...	...	9
Van Dwellings	...	...	...	...	...	36
Water Supply	...	...	...	...	...	27

NUMBER OF NOTICES SERVED AND SUMMARY OF WORK CARRIED
OUT DURING THE YEAR

Number of notices (preliminary) served	...	...	262
Number of notices (statutory) served	...	...	153
Number of letters sent with regard to notices	...	...	191
Number of summonses laid and withdrawn	...	...	1
Number of complaints received and investigated	...	...	458
Number of notices sent to school re infectious diseases	...	...	449
Accumulations removed	...	...	6
Verminous houses	...	...	1
Drains cleared	...	...	34
Drains repaired	...	...	48
Water-closets repaired	...	...	70
Water supply improved	...	...	8
Paving about house repaired	...	...	4
Roofs repaired	...	...	93
Spouting repaired	...	...	40
Dampness treated	...	...	30
Sinks renewed	...	...	15
Windows repaired	...	...	72
Floors repaired	...	...	29
Walls (external)	...	...	23
Walls (internal)	...	...	61
Ceilings	...	...	31
Stairs repaired	...	...	1
Dust Bins	...	...	7
Keeping of Animals	...	...	3
Chimneys repaired	...	...	20
Firegrates repaired	...	...	10

(l) RODENT CONTROL

A staff of one rodent officer, one full-time and one part-time rodent operative was employed by the department in exterminating rats and mice.

During the year, 417 dwelling-houses, 79 business premises and 78 local authority properties or land were treated for infestations, and approximately 6,034 rats were exterminated.

Regular and systematic inspections are carried out at schools, hospitals, food kitchens, river banks, canals and tipping grounds.

Twice yearly maintenance treatment of city sewers is carried out in accordance with Ministry of Agriculture and Fisheries instructions. The following table shows the extent and results of these sewer treatments.

Total number of manholes on City sewers ...	1,010
1st yearly treatment: number of manholes baited ...	557
1st yearly treatment: number of partial "takes" ...	38
1st yearly treatment: number of complete "takes" ...	130
2nd yearly treatment: number of manholes baited ...	460
2nd yearly treatment: number of partial "takes" ...	29
2nd yearly treatment: number of complete "takes" ...	154

(m) INSPECTION AND SUPERVISION OF FOOD

The day-to-day food control is exercised by the Sanitary Staff and what follows has been in the main furnished by the Chief Sanitary Inspector, who in addition to the inspection of food and shops has an overall responsibility for the inspection of meat killed at the public and private slaughterhouses.

(1) MILK

There were at the end of 1955 four pasteurising plants licensed by the City Council.

- (a) H.T.S.T. plant of 1,500 gall. per hour capacity;
- (b) H.T.S.T. plant of 350 gall. per hour capacity;
- (c) Two holder process plants, each having two vats of 100 galls. capacity.

Approximately 10,000 gallons of milk are pasteurised daily by these four plants.

Milk (Special Designation) Regulations

Dealer's (Pasteuriser's) Licences ...	...	...	4
Dealer's (Pasteurised) Licences ...	...	...	18
Dealer's (Tuberculin Tested) Licences ...	...	...	10
Supplementary Licences (T.T.) ...	...	...	3
Supplementary Licences (Pasteurised) ...	...	...	3

Milk and Dairies Regulations, 1949

Dairies registered ...	...	...	...	...	5
Distributors registered ...	...	...	...	...	23

BACTERIOLOGICAL EXAMINATIONS

		Satisfactory	Unsatisfactory	Total
Pasteurised Milk ...	...	169	—	169
Tuberculin Tested Milk ...	...	38	—	38
T.T. (Pasteurised) Milk ...	...	77	—	77
Raw Milk for T.B. and B. Abortus		13	—	13

QUALITY OF MILK

Once again I have to comment on the poor quality of the milk received at the Worcester Dairies, as evidenced by the percentage of samples of unadulterated milk which failed to reach the presumptive standards of the Milk Registrations, 1939, namely :

Solids Non-Fat ...	...	...	...	...	8.5%
Solids Fat ...	...	...	...	...	3.0%

The following is a summary of the results of samples submitted for analysis by the Public Analyst:

Formal Samples

Total taken ...	...	...	...	...	80
Found deficient in fat ...	...	...	...	...	6
Found deficient in solids non-fat ...	...	...	...	...	40
Found deficient in fat and solids non-fat ...	...	...	...	...	5
Found deficient in fat (appeal to cow) ...	...	...	...	...	1
Found deficient in fat and solids non-fat (appeal to cow) ...	...	...	...	...	2
Found deficient in solids non-fat (appeal to cow)					3

Informal samples

Total taken	216
Found deficient in fat	29
Found deficient in solids non-fat	42
Found deficient in fat and solids non-fat ...	10

BACTERIOLOGICAL EXAMINATIONS

Milk—Pateurised	169
Tuberculin Tested (raw)	38
Tuberculin Tested (Pasteurised)	77
Biological Tests	13

PROSECUTIONS

During the year there were two prosecutions respecting adulteration of milk by extraneous water. In the first case the defendant pleaded guilty to two charges and was fined £10 on each charge. In the second case the defendant pleaded not guilty to three charges and preferred charges under the provisions of Section 83 of the Food and Drugs Act, 1938, against an employee. The Magistrates found the employee guilty and imposed fines of £5 on each charge with 12/- costs.

(2) HYGIENE OF OTHER FOODS

Throughout the year the terms of the proposed Food Hygiene Regulations were still being threshed out, but the fight for cleaner food continued. Hampered by the increasing weight of routine duties, systematic shop-to-shop inspection—probably the best means of ensuring a proper standard—had to suffer.

MEAT PRODUCTS

It is a pity that such delicacies are so readily contaminated and so perishable. In Worcester they are less popular than in some parts of the country and both traders and housewives have learned to be careful with them in the comparatively warm and humid climate of the town. This may account for the fact that, despite the hot summer, little trouble was experienced.

In two cases meat pies found mouldy within twenty-four hours of purchase were brought to the department. In both cases, the manufacturers were able to state that the pie was a week old and had been delivered to the retailer some days before sale to the customer. Warnings of the dangers of keeping

such commodities on hand were given to the retailer in each case. Meat pies should be given a strictly limited shelf life by both the shop-keepers and housewives. Samples of meat pies taken during the year were all free from pathogens.

Of twenty samples of sausage, one contained *Salmonella* food poisoning organisms. This sample was purchased at the height of the hot weather from a source implicated in a case of food poisoning.

CATERING

Whilst progress in cleanliness in the catering trade was maintained, further improvement becomes increasingly difficult, largely because of the human factor.

More dish washing-up machines were installed during the year, but some trouble was experienced due to staining of cups and formation of deposits, for which the inorganic content of the Worcester water was blamed by the detergent manufacturers.

63 out of 107 swabs taken from utensils were satisfactory, i.e. 59%. 17 were infected with coliform organisms and two with faecal coli. The results are summarised as follows:

<i>Bacteria</i>						<i>Number of swabs</i>
Uncountable	...	...	...	...	...	1
Over 10,000 but countable	...	...	...	...	...	3
1,001 to 10,000	...	...	...	...	...	15
101 to 1,000	...	...	...	...	...	25
1 to 100	...	...	...	...	...	26
Sterile	...	...	...	...	...	37
						<hr/> 107 <hr/>

These results are a slight improvement on 1954. The decrease in the number showing faecal coli from eight out of 149 to two out of 107 is a hopeful sign.

A check was again carried out on the school meals service. 15 out of 21 swabs taken were satisfactory, i.e. 71%, but there were four with coliforms present and one with faecal coli. Unsatisfactory results at one school were attributable to an inadequate hot water supply; this inadequacy was promptly remedied.

PUBLIC HOUSES

To ensure that the standards set during the survey carried out in 1953 were being maintained, further inspections were carried out and 61 swabs of glasses taken, 43 (70%) of which were satisfactory, but of the remainder 13 contained coliform and three contained faecal coli organisms. The bacterial counts may be summarised as follows:

<i>Bacteria Count</i>						<i>Swabs</i>
Uncountable	...	...	...	...	...	Nil
Over 10,000	...	...	...	...	...	1
1,001 to 10,000	...	...	...	...	...	7
101 to 1,000	...	...	...	...	...	10
1 to 100	...	...	...	...	...	20
Sterile	...	...	...	...	...	23
						—
						61
						—

Further improvement in the hygiene of glass washing lies to a great extent in the hands of the customer, for the washing up is usually carried out within public view, and the customer can see for himself whether the glasses are satisfactory cleansed.

BAKERY HYGIENE

In view of the danger from synthetic cream infected with food poisoning or other bacteria particular attention was paid to this commodity at the bakeries. Samples were taken from consignments of synthetic cream immediately after delivery by the manufacturers. To demonstrate the need for particular cleanliness in the handling of the synthetic cream swabs were taken from bakery utensils. In particular the traditional canvas savoy bag was found to harbour bacteria; but promising results were obtained from savoy bags made from nylon.

Another danger to public health was found in Chinese egg albumen. Two out of ten samples taken contained *Salmonella* organisms (1) *Salmonella* Thompson, and (2) *Salmonella* typhimurium. Fortunately the albumen was being used only as an ingredient in cakes subjected to a time-temperature factor sufficient to kill the bacteria. Had the egg albumen been used without cooking, as sometimes happens, the results might have been serious. In any case, it is undesirable to have infected material on food premises.

ICE CREAM

At the end of the year the following registrations were in force :

Premises registered for manufacture	...	...	8
Premises registered for storage	...	...	2
Premises registered for sale	...	...	39
Premises registered for sale in prepacked quantities	...	...	191

During the year two of the registered manufacturers did not operate their plants. All our manufacturers work on the hot mix principle.

Eight samples were submitted for bacteriological examination; six were found to be Grade 1 and two were Grade 2.

Seven samples submitted for chemical analysis were all found to be genuine.

FOOD PREMISES

The following is a list of premises in the City where food is exposed for sale, or prepared for sale:

Cafés, restaurants	...	...	...	57
Fish and chip shops	...	...	...	21
Wet fish shops	...	...	...	18
Butchers' shops	...	...	...	63
Confectioners (flour)	...	...	...	47
Sweets	...	...	...	64
Fruiterers	...	...	...	53
Bakehouses	...	...	...	18
Grocers	...	...	...	212
Food preparation rooms, registered under Food and Drugs Act	...	...	...	22

SUMMARY OF BACTERIOLOGICAL EXAMINATIONS

Milk, pasteurised	...	...	...	...	169
Milk T.T. pateurised	...	...	...	...	77
Milk T.T.	...	...	...	...	38
Raw milk	...	...	...	...	1
Biological milk samples	...	...	...	...	13
Ice cream	...	...	...	...	8
Bakery synthetic cream	...	...	...	...	7
Meat pies	...	...	...	...	5
Sausages	...	...	...	...	20
Meat products	...	...	...	...	2
Egg albumen	...	...	...	...	10
Other specimens from bakeries	...	...	...	...	13
Miscellaneous	...	...	...	...	3
Swabs from—meat slicers	...	...	...	...	6
bakeries	...	...	...	...	6
cafés, etc.	...	...	...	...	107
licensed premises (glasses)	...	...	...	...	61
School Meals Service	...	...	...	...	23
carcase meat	...	...	...	...	8
butchers blocks	...	...	...	...	1
bar sink	...	...	...	...	1

Swabs taken in connexion with dysentery outbreak—

hands	...	...	...	...	26
desks	...	...	...	...	2
draining boards	...	...	...	...	2
wash basins	...	...	...	...	2
W.Cs.	...	...	...	...	5

Specimens in connexion with dysentery outbreak—

cloths	...	...	...	...	1
water samples	...	...	...	...	6

FOOD AND DRUGS SAMPLING

During the year the following samples were submitted to the Public Analyst:

Formal samples :

Milk	...	...	...	...	...	80
Travel sickness tablets "Kiddicalms"	...					1
						—
						81
						—

Informal samples :

Milk	...	...	...	...	...	219
Condensed milk	...	...	...	...	...	2
Ice cream	...	...	...	...	...	7
Cream	...	...	...	...	...	1
Corned beef	...	...	...	...	...	2
Pork sausages	...	...	...	...	...	17
Beef sausages	...	...	...	...	...	4
Butter	...	...	...	...	...	3
Mustard sauce	...	...	...	...	...	1
Lemon curd	...	...	...	...	...	1
Rice	...	...	...	...	...	2
Orange drink	...	...	...	...	...	5
Flour	...	...	...	...	...	1
Nut wine	...	...	...	...	...	1
Apples	...	...	...	...	...	1
Bottled apples	...	...	...	...	...	1
Codiene	...	...	...	...	...	1
Travel sickness tablets	...	...	...	...	...	1
Health salts	...	...	...	...	...	1
Iodine	...	...	...	...	...	1
Benzac tables	...	...	...	...	...	1
"Marzine"	...	...	...	...	...	1
Camden tablets	...	...	...	...	...	1
Chlorophyl tablets	...	...	...	...	...	1
Tonic phosphates	...	...	...	...	...	1
Aspirin	...	...	...	...	...	1
Throat pastilles	...	...	...	...	...	1
Rheumatic relief tablets	...	...	...	...	...	1
Sweets	...	...	...	...	...	3
Miscellaneous	...	...	...	...	...	1
						—
						284
						—

PROSECUTIONS

A firm of manufacturing chemists was prosecuted for selling a drug (Kiddicalms) with a label falsely describing the said drug contrary to Section 6 (1) of the Food and Drugs Act, 1938. The firm pleaded guilty and was fined £10 with £2 2s. 0d. costs.

SLAUGHTERHOUSES

There were no changes in slaughterhouse accommodation within the City during the year, there being one public slaughterhouse and five licensed slaughterhouses.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	2,924	377	836	12,188	6,898	—
Number inspected	2,924	377	836	12,188	6,898	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcasses condemned	3	38	12	42	45	—
Carcasses of which some part or organ was condemned	478	73	39	186	258	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	16.4%	29.4%	6%	1.9%	4.4%	—
<i>Tuberculosis only</i>						
Whole carcasses condemned	14	5	2	—	8	—
Carcasses of which some part or organ was condemned	216	62	—	—	82	—
Percentage of the number inspected affected with tuberculosis	7.8%	17.8%	0.24%	—	1.3%	—
<i>Cysticercosis</i>						
Carcasses of which some part or organ was condemned	3	—	—	—	—	—
Carcasses submitted to treatment by refrigeration	3	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

PRIVATE SLAUGHTERHOUSES

CARCASES AND OFFAL INSPECTED AND CONDEMNED IN WHOLE OR IN PART

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)	429	239	417	3,395	1,219	—
Number inspected	429	239	417	3,395	1,219	—
<i>All diseases except Tuberculosis and Cysticerci</i>						
Whole carcases condemned	—	—	—	11	3	—
Carcases of which some part or organ was condemned	51	96	—	463	10	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	11.8%	40%	—	13.9%	1.06%	—
<i>Tuberculosis only</i>						
Whole carcases condemned	1	4	1	—	—	—
Carcases of which some part or organ was condemned	28	23	—	—	24	—
Percentage of the number inspected affected with tuberculosis	6.7%	11.3%	0.2%	—	1.9%	—
<i>Cysticercosis</i>						
Carcases of which some part or organ was condemned	1	—	—	—	—	—
Carcases submitted to treatment by refrigeration	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Weight of meat and offals condemned at Public					
Slaughterhouse	...	...	...	...	25,124 lbs.
Weight of meat and offals condemned at Private					
Slaughterhouses	...	...	...	...	10,635 lbs.
Total	...	...	...	15 tons 19 cwts. 31 lbs.	

DISPOSAL OF CONDEMNED MEAT

Meat and offals condemned at all the slaughterhouses are stained prior to collection daily by an approved firm for transference to a by-products factory. Payment is made direct to the butcher or is credited to the Butchers' Mutual Insurance Scheme.

FOODSTUFFS OTHER THAN BUTCHERS' MEAT CONDEMNED DURING THE YEAR

Fish	...	...	...	...	...	35 lbs.
Tinned goods	...	...	...	...	...	8,519 lbs.
Other foods (cereals, cheese, etc.)	...	...	...	...	...	1,962 lbs.

DISPOSAL OF CONDEMNED FOODSTUFFS

Condemned fish and fish offal are accumulated at the Corporation Cleansing Depot and disposed of by the Corporation. Tinned foods, etc., are collected by Health Department staff from the various shops, warehouses, etc., and are disposed of by burying in the Corporation tip.

SLAUGHTER OF ANIMALS ACT, 1933

The total number of licensed slaughtermen on the register was 54, about 21 being regularly employed at the slaughterhouses and knacker's yard.

PUBLIC HEALTH (MEAT) REGULATIONS, 1924

For transporting meat contrary to the provision of Section 25 (1) (b) of the Regulations, one firm was prosecuted and fined £10.

(4) FERTILISERS AND FEEDING STUFFS ACT

During the year the following samples were obtained from shops and merchants in the City:

	Official samples	Informal samples	Total
Fertilisers	—	5	5
Feeding Stuffs	5	1	6
Total	5	6	11

SUMMARY OF IRREGULARITIES AND ACTION TAKEN

Sample	Nature of Irregularity	Action
Official No. 76 : Baby chick crumbs with added vitamins ..	Deficient of fibre not to prejudice of purchaser.	Warning letter to merchant.
Official No. 77 : Range layer Pellets ..	Deficient of fibre not to prejudice of purchaser.	Warning letter to merchant.
Official No. 79 : Livestock Concentrate	Fibre in excess to prejudice of purchaser	Manufacturer warned.

(n) HOUSING

(1) SLUM CLEARANCE

No clearance areas were defined during the year; but much detailed preparation for forthcoming clearance areas under the Council's five year proposals was carried out. During the year 134 unfit houses were demolished, bringing the total number of unfit houses demolished from 1946 to date to 432. It is interesting to reflect that since 1906 until the end of 1955 no fewer than 2,136 unfit houses have been demolished: mostly since 1930.

A not inconsiderable amount of unsatisfactory housing frequently accompanied by overcrowding of greater or lesser degree, continues to spring from the letting or sub-letting of unsuitable premises. Commonly our first knowledge of this type of unsatisfactory housing comes from an application for rehousing or a reference from the Housing Department following an application there. On inspection we find a portion of a former business premises being used as a flat or a large house sub-let into separate units of accommodation quite unsuited for human occupation. A Closing Order has to be made and a Council house applicant rehoused out of turn. Not infrequently there is connivance to secure Council house accommodation and "foreigners" are provided with rehousing by the Worcester tax and rate payers.

The unauthorised sub-letting of Council houses for the same purpose is notorious and will only be checked when vigorous prosecution is undertaken of tenants breaking their contracts, which no longer seem to carry their pristine sanctity.

While Section 2 of the 1936 Housing Act as modified by the Housing Repairs and Rents Act, 1954 states that:—

- 2.—(i) In any contract for letting for human habitation a house . . . there shall . . . be implied a condition that the house is at the commencement of the tenancy fit for human habitation.

this clause is to-day only too frequently honoured in the breach, furthermore the law appears to contain no penal clause for flagrant disregard of the section.

The whole position would be simplified and the Council's work and responsibilities appreciably lightened if legislation could be enacted so that no property could become at any time the subject of a letting without the prior approval of the fitness of the accommodation by the Council's Health Committee acting through its officers.

(2) OVERCROWDING

Despite the fact that many families dwell as sub-tenants in Council or private houses (as evidenced by the number of applicants on the Council's housing list) there is very little overcrowding according to the Housing Act, 1936 standards.

The average number of persons occupying each habitable building is only 3·271.

(3) REHOUSING

The Council and the private contractors have pursued an energetic house building programme. During the year 150 Council houses and 138 privately owned houses were completed. Whilst there was a considerable reduction in the completion of Council houses during the year (as compared with 1954) due mainly to the delay in letting contracts and acquisition of land; the total number of Council houses completed since the end of the War is 2,334. This is a very creditable performance.

During the year there has been some loss in dwelling accommodation caused by the alteration of shop premises and the consequent loss of dwelling flats.

Rehousing from unfit houses has been maintained during the year, and delay between the time of declaration of unfit houses to the vacation of the premises has been reduced almost to a minimum.

Clearance Areas already declared from 1930 to 1954

Area	Number of					Area in square yards	No. of persons displaced or yet to be displaced
	Dwelling Houses	Common Lodging-Houses	Houses let in lodgings	Other Buildings			
Dolday	48	—	—	—		2,600	221
King Street No. 1	12	—	—	—		834	51
King Street No. 2	9	—	—	—		456	29
Copenhagen Street No. 1	38	—	—	2		2,665	161
Copenhagen Street No. 2	18	—	—	—		745	61
Bull Entry and Chapel Walk	10	—	—	2		500	26
Newport Street and Dolday No. 1	6	—	—	1		1,398	31
Newport Street and Dolday No. 2	17	—	—	1		1,580	57
Newport Street and Dolday No. 3	5	—	—	—		431	24
Hylton Road	19	—	—	—		1,480	51
Copenhagen Street and Warmstry Slip	29	—	—	1		2,891	108
The Moors No. 1	14	—	—	2		1,513	60
The Moors No. 2	29	—	—	—		4,592	111
The Moors No. 3	28	—	—	1		5,224	82
Powick Lane	18	—	—	1		1,370	82
St. Paul's (Blockhouse) No. 1	49	—	—	1		4,050	157
St. Paul's (Blockhouse) No. 2	30	—	—	3		2,045	94
Dolday (South) No. 1	7	—	—	—		490	32
Dolday (South) No. 2	3	4	5	1		1,030	119
Lich Street	7	—	7	—		928	74
Tybridge Street	10	—	—	—		1,324	33
St. Clement's Square No. 1	10	—	—	—		1,285	30
St. Clement's Square No. 2	20	—	—	—		1,693	70
Little Park Street No. 1	28	—	—	—		1,354	95
Little Park Street No. 2	35	—	—	—		2,235	98
Little Park Street No. 3	41	—	—	—		2,836	99
Hylton Road No. 2	7	—	—	—		685	22
Hylton Road No. 3	19	—	—	—		2,025	59
Blackfriars No. 1	8	—	—	—		640	20
Blackfriars No. 2	9	—	—	—		950	30
Blackfriars No. 3	5	—	—	—		280	21
Dolday (North)	12	—	—	—		2,360	15
Little Park Street No. 4	11	—	—	—		1,751	42
Little Park Street No. 5	44	—	—	—		7,962	118
Little Park Street No. 6	2	—	—	—		3,438	8
Individual Unfit Houses represented from 1930-1954	657	4	12	15		67,640	2,391
Added during 1955:	1,135	—	—	—		—	3,154
Individual unfit houses	38	—	—	—		—	108
Total to 31st December, 1955	1,830	4	12	15		67,640	5,653

HOUSING STATISTICS

1. *Inspection of dwelling-houses during the year :*
 - (1) (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) 1,437
 - (b) Number of inspections made for the purpose 3,649
 - (2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932 214
 - (b) Number of inspections made for the purpose 214
 - (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as unfit for human habitation 38
 - (4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation 337
2. *Remedy of defects during the year without service of formal notices :*

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers 252
3. *Action under Statutory Powers during the year :*
 - (a) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :
 - (1) Number of dwelling-houses in respect of which notices were served requiring repairs 2

(2) Number of dwelling-houses which were rendered fit after service of formal notices:

- | | |
|---|-----|
| (a) By owners | 2 |
| (b) By Local Authority in default of owners | Nil |

(b) Proceedings under the Public Health Acts:

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	83
---	----

(2) Number of dwelling-houses in which defects were remedied after service of formal notices:

- | | |
|---|-----|
| (a) By owners | 83 |
| (b) By Local Authority in default of owners | Nil |

(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936:

(1) Number of dwelling-houses in respect of which Demolition Orders were made ...	30
---	----

(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	53
---	----

(3) Number of dwelling-houses closed on undertaking	1
--	---

(d) Proceedings under Section 12 of the Housing Act, 1936:

(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
---	---

(2) Number of undertakings accepted to close houses for human occupation	Nil
---	-----

(3) Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been rendered fit	Nil
---	-----

(4) Reconditioning schemes accepted in respect of dwelling-houses	Nil
--	-----

(e) Proceedings under Local Government (Miscellaneous Provisions) Act, 1953

(1) Number of dwelling-houses in respect of which Closing Orders were made	6
---	---

(f) Housing Repairs and Rents Act, 1954:

(1) Applications for disrepair certificates ...	8
(i) Granted	8
(ii) Not granted	0
(iii) Revoked	4